HS-797(VS) 48 60 EDERAL SECURITY AGENCY RECEIVER TIFICATE OF USE HEALTH SERVICE	Standard Certificate OF STILLBIF	RTH Local I	File No
* N 1 4 1952 State of	Idaho	Reg. D	ist. No.3.70
a. COUNTY Ada SIATISTICS	a. STATE _	ENCE OF MOTHER (S	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		Proporate limits, write RURAL and	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
St Dukes	9	15 East Wash	ington
((Tune or Print)			
Baby (Boy) Manwaring 4. SEX   5a. THIS BIRTH   5b. IF TO	WIN OR TRIPLET (This	hild born) 6. DATE OF (I	Month) (Day) (Year)
Male SINGLE X TWIN TRIPLET IST	2ND	3RD STILLBIRTH	an. 3. 1952
'. FATHER'S a. (First) b. (Middle NAME	le)	c. (Last)	8. COLOR OR RACE
Leo R.	Many	waring	White
. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		OF BUSINESS OR INDUSTRY
_37 YEARS Blackfoot, Idaho	accounte		ate emp <b>hyyee</b>
. MOTHER'S a. (First) b. (Midd MAIDEN NAME Pollo	le)	c. (Last)	13. COLOR OR RACE
AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)		ensen	White
74 VELDO D. 31 GA	a. How many chil-	b. How many children w	ER (Do NOT include this child) ere   c. How many OTHER
YEARS Bear River City, Ut	Singh are now living?	born alive but are now dead	children were stillborn (born dead after 20 weeks
Les R. Manwaiing	3	none	pregnancy)?
	serological test	or syphilis performe	
WEEKS 9LBS. 3 OZS. V Approximate dat	te	A	¥36,5
AUSE OF STILLBIRTH 20a. FETAL CAUSES  NOVL 1	termine	ofther Th	an unusual
	warmen	member	placental infan
using fetal death (do NOT e such terms as Stillbirth, ematurity, Asphyxia, etc.)	4		T 6
state any complications of pregnancy and labor taken	22. STATE ALL OPER.	ATIONS FOR DELIVERY	rone
I hereby certify that I tended the birth of this wild who was born dead	(Specify if M.)	, midwife, or other)	23b. DATE SIGNED
a the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFF	ICIAL TITLE
a. BURIAL, CREMA- ON, REMOVAL (Bjoodfy)  Jan. 5, 1952 Morris Hi	OR CREMATORY	25d. LOCATION (City, town	•
TE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	Boise, Idah or rtuary 318 N	ADDRESS
-8-52   Villpile Talmer)	Thurs	elle A. Ma	Boise, I
Form DPH-48020	L		7

PHS-797(VS) 4-48		af CEIV	059 (194)	9 Revi	sion of	Standard (	Certificate	e)	State F	ile No	002
FEDERAL SECUR PUBLIC HEALTH SE	111 755	**************************************	CEE	IFIC	ATE	OF ST	LLBIF	RTH	Local R	eg. Noe	<u> 2</u>
FOBLIC HEALTH SE	.ŅVICE	· ''' -	E ALLEE	S	tate of	Idaho			Reg. Di	st. No	70
1 DI ACE OF C	at	115101	STICS								
1. PLACE OF S a. COUNTY	Ada	THSTATE	_			a. STATE	Ξ	_	MOTHER (W b. COUNT)	1	
b. CITY (If outside OR	e corporate li	mits, write RURA	L and give townshi	lp)		c. CITY	Ida		write RURAL and		Ada
TÖWN	Bois	e				TOWN	*				
c. FULL NAME O			ion, give street add	rese or le	ocation)	d. STREE	Π	OLSO (If rural, g	ive location)	· · · · · · · · · · · · · · · · · · ·	
HOSPITAL OR INSTITUTION	Q <b>+</b>	Alphons				ADDRE	ESS 1608	3 N. 27	+h		
3. CHILD'S NA	ME	WITDHOUS				<u> </u>	TOUC	N. ZI	Lilla		
(Type or Print											
			nfant Sm	iith,							
4. SEX	5a. THIS		_	_	.5b. IF T	WIN OR TRIE	PLET (This c	hild born) 6,	DATE OF (M	lonth) (Day	) (Year)
Male	SINGLE		TRIPLE	т 📙 .	157	ZND		3RD	Jah. 10	1952	
7. FATHER'S NAME		a. (First)			b. (Midd	lle)		c. (Las	st)	8. COLOR	OR RACE
		Fred			W.			Smith		White	
9. AGE (At time of the	nia birth)	10. BIRTHPLA	CE (State or foreig	n countr	(על)	11a. USUAL	OCCUPAT	TION	,	OF BUSINESS C	R INDUSTRY
4 1 1 1 1	YEARS	Grand	Island,	<u>Nel</u>	b	Truck	Expre	988	Tri	ucking	
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	ile)		c. (Las	st)	13. COLOR	OR RACE
NAME		Jean				A:	inswor	th		White	
14. AGE (At time of the	is birth)	15. BIRTHPLA	CE (State or foreig	za counti	ry)				TO THIS MOTHE	R (Do NOT incl	ude this child
	YEARS	Carry	. Tda.			a. How m	any chil-	b. How me	any children we	re   c. How ma	ny OTHER
17. INFORMANT	۲,					Gren are no	IM HATTER	DOLU MILA	out are now dead?	(born dead	ere stillborn after 20 weeks
J	100	\ \d	- It	7						pregnancy)	1
18a. LENGTH OF PR	FG-   18h	WEIGHT AT BIF	TH   19 ***	<u> </u>		<del>'</del>		·			
	NCY		Į was	a sta roxim	indard i <b>ate da</b>	serologica te	al test f	or syphili	s performed	? Yes	No
CAUSE OF STIL			LUSES		1	·				<del></del>	7612
State only morbid	conditions	Pro	untin.	(	[The	centa	-	lo 4.	<u> </u>	,	
causing fetal death use such terms as	(do NOT	20b. MATERNA	AL CAUSES	<u>د</u> رح	- / 400	renta	<u> </u>	depar	u son	,	
Prematurity, Asphy:	ria, etc.)	7	one								
21. STATE ANY COM	IPLICATION	IS OF PREGNAN	ICY AND LABOR	R		22. STATE	ALL OPERA	ATIONS FOR	DELIVERY		
Pres	istel	TI La	bor			ļ	MI	me	_		
I hereby certif	u that I	23a. ATTEN	DANT'S SIG	NATI	JRE	(Spe		O., midwife, o	r other)	23b. DATE S	SIGNED
attended the birtl	of this	7	1017	1	3-00	0 11	الكار	, <u></u>	,	1/11	/>
child who was be		23c. ATTENDA	NT'S ADDRESS	<u> </u>	ee	HNOT	24 SIGNAT	TUDE OF ALL	THORIZED OFFIC	1 / /	<u> </u>
at	m.	B	J. Je	Sal	LA.	attended by physician	ZA. SIGNA	IURE OF AU	INORIZED OFFIC	JAL '	TITLE
25a. BURIAL, CRE! TION, REMOVAL (8pe	M A- 25b.	DATE	25c. NAM	E OF C	EMETERY	Y OR CREMA	TORY	25d. LOCATI	ION (City, town,	or county)	(State)
TION, REMOVAL (850 Burial	odfy)   Ja	n 12 195	í		Hill				Boise, Id	Ŧ.	
DATE REC'D BY LO	CAL REG	STRAR'S SIGNA				26. FUNERA	AL DIRECTO	OR	·	ADDRESS	
<i></i>	EG.	Murth	L tall	me	()	Schrei	ber-M	c ann-6	ibson-B	oise	
		7				6	met	PY.	H. Jon	~	

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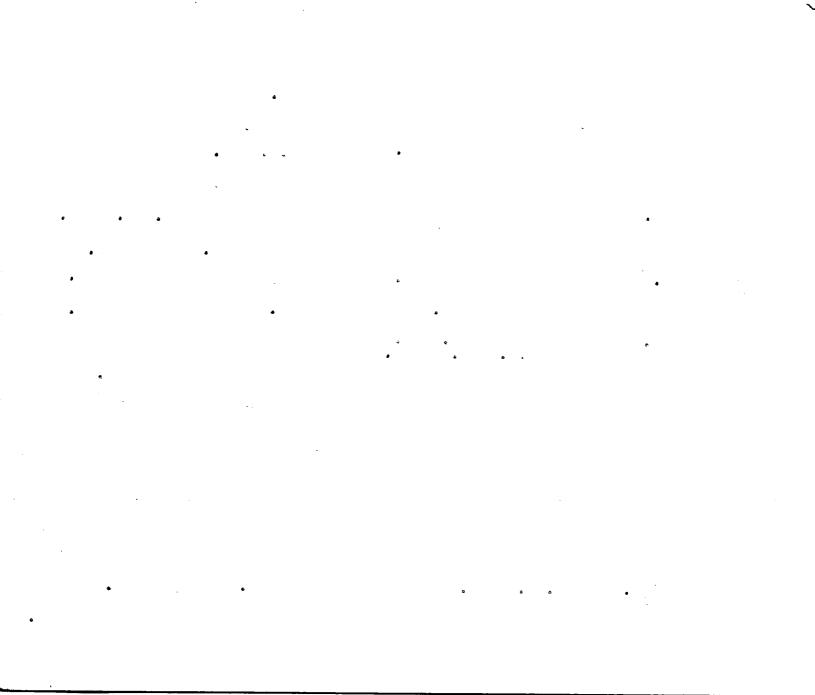
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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AG	ECENT	:. \ 152CE	ERTIFIC	sion of	Standard Cer OF STIL Idaho	rtificate LBIF	e) RTH	3	State File Local Reg	. No	24
	1	A IN DE	VIII	AL S	tate of	Idaho				Reg. Dist.	No	l. <b>Q</b>
1. PLACE OF S' a. COUNTY	_	STATIS	TICS			2. USUAL I a. STATE	resid Ida	_		HER (Where	does mother i	ive?)
b. CITY (II outside OR TOWN	Roise	mita, write RURA	L and give	township)		c. CITY (II o OR TOWN		ise	s, write RI	RAL and give	township)	
c. FULL NAME O HOSPITAL OR INSTITUTION				reet address or l	ocation)	d. STREET ADDRESS		(If rural, O Gran	give locati	ion)		
3. CHILD'S NA	ME.	Baby G	irl	Roark	-			<del>v uu</del> u.		<u></u>		
4. SEX	5a. THIS	BIRTH				WIN OR TRIPLE	T (This c	hild born)	6. DATE	OF (Mont	h) (Day	) (Year)
Female	SINGLE	∄ twin		TRIPLET	1ST	] 2ND [	]	3RD	STILLE	Jai	n. 13	52
7. FATHER'S NAME		a. (First)			b. (Midd	le)		c. (L	ast)	,	8. COLOR O	OR RACE
		Albe	rt	H	arr	y		Roar	•k		Whit	e
9. AGE (At time of the	is birth)	10. BIRTHPLA	CE (State	or foreign counts	y)	11a. USUAL O	CCUPAT	ION	11	b. KIND OF	BUSINESS C	R INDUSTRY
25	YEARS	Merida	n			Salesm	an			America	ir line	n
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	le)		c. (L	ast)		13. COLOR	OR RACE
NAME		Bethel			Lou	ise		Ca	stor		Whi	.te
14. AGE (At time of th	is birth)	15. BIRTHPLA	CE (State	or foreign counts	·y)	16. CHILDREN				· · · · · ·	Do NOT incl	ude this child)
2] H7. INFORMANT	YEARS	Boise	<del>)</del>	^		a. How many dren are now	y chil- living?	b. How r born alive	nany chi but are i	ldren were low dead?	(born dead a	ny OTHER ere stillborn after 20 weeks
(Mex)	Mar	m K	oor	k.		none		nor	ne .		pregnancy);	
18a. LENGTH OF PR	EG-   18b. NCY	WEAGHT AT BI	RTH   19	Was a sta	ındard	serological	test f	or syphi	lis per	formed?	Yes	No
WEEKS	···	LBS.	ozs.	Approxim	ate da	te			-		V.36.	0
CAUSE OF STILI State only morbid causing fetal death use such terms as Prematurity, Asphys	conditions (do NOT Stillbirth.	20a. FETAL C. 20b. MATERN.	mb	eleal	Co	rd C	om	pres	vais	~		
21. STATE ANY COM	PLIÇATION	S OF PREGNAL	NCY AND	LABOR		22. STATE ALL	L OPER	ATIONS FOR	R DELIVE	RY ,		<del></del>
	Non	re				Frow	To	icep	- لب	- Eki	unto	-
I hereby certify attended the birth	of this	23a. ATTEN	DANT'	S SIGNATI	BE Del	(Specify	MM. I	midwife,	or other)		23b. DATE 5	IGMZD
child who was bo on the date state at	d above	230 ATTENDA	NT'S ADI	PRESS		If NOT 24. attended by physician	SIGNAT	TURE OF A	UTHORIZ	ED OFFICIAL	//	TITLE
25a. BURIAL, CREM		DATE	25	c. NAME OF C	EMETERY	OR CREMATO	RY	25d. LOCA	TION (C	ity, town, or	county)	(State)
TICE FEIL OF LESS	Jan	. 17 195	2	Merio	ian			Mer	idan		Idaho	
DATE REC'D BY LO	AL REG	STRAR'S SIGN	ATURE	0.		26. FUNERAL	DIRECTO				DRESS	
/-23-52 <sup>*</sup>	EG.	1 / light		Kalm	w	Schrei	ber-	McCane	-Gib	son-B	oise	
	•						bar	<u></u>	11 - 1	يع س پ	<u>~</u>	

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PHS-797(VS) 4-48		_		•	Standard Certifice	,	State File		<u> </u>
FEDERAL SECUR PUBLIC HEALTH SE		ICY C	_		OF STILLB	IRTH	Local Reg		2
	-	FER 6 19	52 <b>S</b> t	ate of	Idaho		Reg. Dist.	No. 3.70	***************************************
1. PLACE OF S	TILLBIR	TUI LU OE	VITAL		2. USUAL RESI	DENCE OF MO	THER (Where	does mother live?	")
a. COUNTY AC	la 🔽	NIVISION OF	· g No.		a STATE Idaho	•	b. COUNTY Ada		
b. CITY (If outside	corporate li	mits, write RURAL and gi	ive township)		c. CITY (If outside	corporate limits, write	RURAL and give	township)	
	se.				TOWN BO	ise,			
I HOSPITAL OR		nospital or institution, give			d. STREET ADDRESS	(If rural, give lo			
3. CHILD'S NA		Alphonsus	Hospits	ar.	1 2	2)01. Che	rry Lar	10.	···
3. CHILD'S NA		BOBBIE	JOE		BOHNA.				
4. SEX	5a. THIS I	BIRTH	1	5b. IF T	WIN OR TRIPLET (Th	is child born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Female.	SINGLE	X TWIN	TRIPLET	1ST	2ND	3RD □   Ja	nuary.	27. 19	152.
7. FATHER'S NAME		a. (First)	1	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		Charles	<del></del>		iver	Bohna.	Jr.	White	•
9. AGE (At time of th	nis birth)	10. BIRTHPLACE (Sta			11a. USUAL OCCUP	PATION	11b. KIND OF	BUSINESS OR	INDUSTRY
25	YEARS	Portland,	, Oregor	1.	Machines	t.	Baxter	Found	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	*	c. (Last)		13. COLOR OF	
NAME		Cozette		Arle		Prokesh		White	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (Sta				VIOUSLY BORN TO			
20 JR. JASFORMANJ	YEARS	Wolback,	Nebrasi	<b>78.</b>	a. How many children are now living	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after	stillborn
Ween least	Prizer	Bolome Or	200	$\rho_{\perp}$	1,01104	MOHO.		pregnancy)?	10 -
18a. LENGTH OF PR	EG:   18b.	WEIGHT AT BUTTA	19 Was A sta	ndard	serological test	for syphilis r	erformed?		No
39 WEEKS	NCY (	LBS. 4 OZS.	Approxim	ate da	te		ciioimica.	y36	
CAUSE OF STILL	LBIRTH	20a. FETAL CAUSES	asplu	180	a due to	light	and a	cause	
State only morbid	conditions	ne	k.	, -					
causing fetal death use such terms as Prematurity, Asphys	Stillbirth, xia, etc.)	20b. MATERNAL CAU	ISES NO	ne	•				
21. STATE ANY COM	APLICATION	S OF PREGNANCY AT	ND LABOR		22. STATE ALL OPE	RATIONS FOR DEL	IVERY		
	_ フ	low				none			
I hereby certif		23a. ATTENDAN	T'S SIGNATU		` <i>n</i>	I. D., midwife, or oth	her)	23b. DATE SIG	NED
attended the birtle child who was be		11(2)	De Stel	In		MA	<u> </u>	1-29-	52
on the date state at 9301	4	23c ATTENDANT'S	Dales		If NOT 24. SIGN attended by physician	NATURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CREI TION, REMOVAL (Spe	MA- 25b.	DATE			OR CREMATORY	25d. LOCATION			(State)
Burial	Ja			<u>dale</u>	Memorial	LiPark	Boise,	Idaho	
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURE	0.0		26. FUNERAL DIRE	CTOR	AD AD	DRESS	
2-5-52		lytte	Talm	er)	SUMMERS I	UNERAL I	IOME T	se, Ida	aho

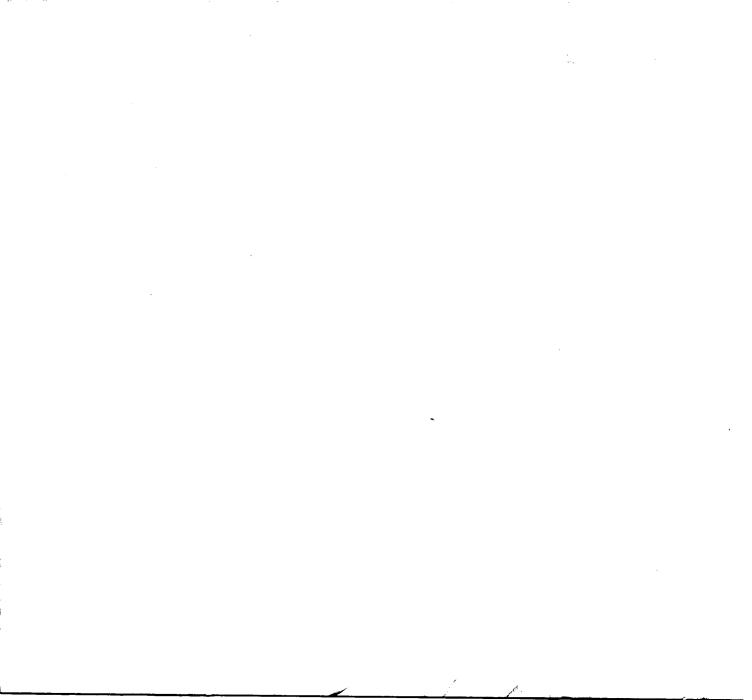
PHS-797(VS) 4-48		PECEIV	1949 Revision	of	Standard Certificate OF STILLBIR Idaho	)		No	2.05.
PUBLIC HEALTH SE	RVICE	-CR 1 5 19	RITTICAT	E '	OF STILLBIR	RTH	Local Reg. Reg. Dist.		***************************************
		FED L OF	VITAL State	e oi					
1. PLACE OF S	TILLBIR	BIALIS	LICX		2. USUAL RESID	ENCE OF N	MOTHER (Where	does mother live?	)
Ad	<u>a</u>				a. STATE Idaho		b. COUNTY	da	
OR	e corporate lis	nits, write RURAL and g	ive township)		c. CITY (If outside co	rporate limite, w	rite RURAL and give	township)	<del>.</del>
	ise,				TOWN BC	ise,			
c. FULL NAME O HOSPITAL OR INSTITUTION		lospital or institution, given light			d. STREET ADDRESS R.	D. #	location)		
3. CHILD'S NA									
(Type or Print		KIM			SCHULI	SMEIEF	₹.		
4. SEX	5a. THIS i			IF T	WIN OR TRIPLET (This cl	hild born) 6. [	ATE OF (Mont	h) (Day)	(Year)
Male.	SINGLE	X TWIN .	TRIPLET 1	st [	2ND :	RD .	JILLBIRTH anuar y	31. 19	952•
7. FATHER'S NAME		a. (First)	b. (	Midd	le)	c. (Last)		8. COLOR OR	RACE
		Lee			Schul	tsmeie	er.	White.	•
9. AGE (At time of the	hia birth)	10. BIRTHPLACE (St.	te or foreign country)		11a. USUAL OCCUPAT			BUSINESS OR	
31	YEARS	Mc Cook,	Nebaska	•	Repairmar	ı, Gene	ral Ele	ctric (	30 •
12. MOTHER'S MAIDEN		a. (First).	b. (	Midd		c. (Last)	'	13. COLOR OF	
NAME		Blanche	Mae.		Walter	<u> </u>	<u> </u>	Whit	te
14. AGE (At time of the		15. BIRTHPLACE (8t			16. CHILDREN PREVIO				<del></del>
3/L.	<u> </u>	Gloversvi R.D.#	11e. N.Y. 4. Boise		a. How many chil- dren are now living?	b. How man born alive bu	y children were t are now dead?	c. How many children were (born dead afte pregnancy)?	still born
Lu Su	hul	Tamue	<i>1</i>		1	None		None.	
18a. LENGTH OF PR	REG- 18b. NCY	WEIGHT AT BIRTH		ard	serological test f		performed?	Yes. 42	No
36 WEEKS		LBS/ OZS.	Approximate			~~	-	143	6.2
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	~					7	
State only morbid	conditions		non	_	- /				
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b MATERNAL CA	USES /A			10.40	7	a ho.	
		comp	ele/pu	n	mue o	grace	icion of	John	centa
21. STATE ANY COM	MPLICATION	IS OF PREGNANCY A	ND LABOR		22. STATE ALL OPERA	ATIONS FOR D	ELIVERY	•	-
norma	V SU	un lyan	00003	-	Cesty Kupt	· me	mb., for	ups, L	precolon
I hereby certif attended the birth	y that I	23a. ATTENDAN	T'S SIGNATUR	E.	(Specify if M. I	midwife, or	other)	276. DATE SEG	NED
child who was be	orn dead	un	egra	10	were	m	0	2-4-	22
on the date state	ed above	23c. ATTENDANT'S	ADDRESS		attended by	TURE OF AUTI	HORIZED OFFICIAL	<b>L</b>	TITLE
at 94 (13	m.	210 sarro	Boul &		physician				
25a. BURIAL, CRE	ocify)	DATE	25c. NAME OF CEMI				ON (City, town, or		(State)
Burial.		b. 2. 195		LS	Hill Ceme				<del></del>
DATE REC'D BY LO	REG. REG	ISTRAR'S SIGNATURE	Dan	1	- Collin		unn	DRESSIA	T dobo
2-11-52		rapile	Illm	w	Summers	unera.	L Home,	Bolse,	Idaho.
		V			•				



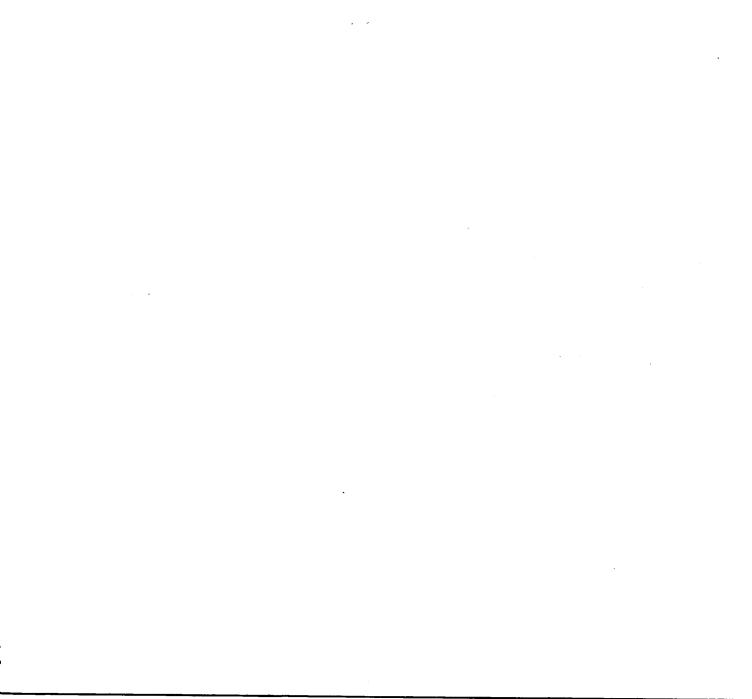
PHS-797(VS) 4-48 FEDERAL SECURITY A PUBLIC HEALTH SERVICE  1. PLACE OF STILL	ReliFEB 6	CERTIFICATE State of	OF STILLBIF Idaho 2. USUAL RESID	RTH		No. 45 No. 370
a. COUNTY	Ader			laho	b. COUNTY	Ada.
b. CITY (If outside corpor OR TOWN Bo	ste limits, write RURAL and	give township)	c. CITY (If outside or OR TOWN Bo	orporate limits, write	RURAL and give	township)
INSTITUTION	ot in hospital or institution, gi	ve street address or location)	d. STREET ADDRESS 612	Hillvier	Drive	
3. CHILD'S NAME ((Type or Print)		Baby Hon				
	HIS BIRTH GLE TWIN	TRIPLET 1ST	WIN OR TRIPLET (This c		I DIDTI	h) (Day) (Year) . 30, 1952
7. FATHER'S NAME	a. (First) William	b. (Midd	le)	c. (Last) , <b>Hon</b>	.	8. COLOR OR RACE White
	10. BIRTHPLACE (Start Boise, Ide	tate or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF Auto Sa	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)  Edith	b. (Midd <b>Roma</b>		c. (Last)		13. COLOR OR RACE
14. AGE (At time of this birth 26 YE) 17. INFORMANT	ARS Ortando,	tate or foreign country) Florida (Illview Dr.) (ise, Idaho	a. How many children are now living?	b. How many born alive but ar	children were	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 2 LBS. OZS.	19 Was a standard Approximate da	serological test f	or syphilis p	erformed?	Yes No.
CAUSE OF STILLBIR? State only morbid conditicausing fetal death (do Nuse such terms as Stillbir Prematurity, Asphyxia, etc.	ons OT 20b MATERNAL CA	<u></u>	Tun Sea	nitio	• <b>!</b>	lexet
21. STATE ANY COMPLICA	TIONS OF PREGNANCY A	IND LABOR	22. STATE ALL OPERA	1	VERY -	
I hereby certify tha attended the birth of t child who was born de	his //3 4	T'S SIGNATURE	(Specify if M. I	o., midwife, or oth	er)	23b. DATE SIGNED 2 -4-5 2
on the date stated abo at <u>A</u>	ove 23c ATTENDANTS	Idako	physician	TURE OF AUTHOR	RIZED OFFICIAL	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL	25b. DATE Feb. 4, 1952	25c. NAME OF CEMETERY Dry Creek	OR CREMATORY	25d. LOCATION Boise	. •,	ounty) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURI	Palmer	26. FUNERAL DIRECTO	len	Boise	oress , Idaho
	<i>V</i> = 1		McBratney-A	lden Chap	el	

Blat S Folia 512 Killyies Beive Tall Past : 106.2 chabl said .... Distrib. Author The state of the s and was the Bolse post .estos McBratuer-Abden Clayet

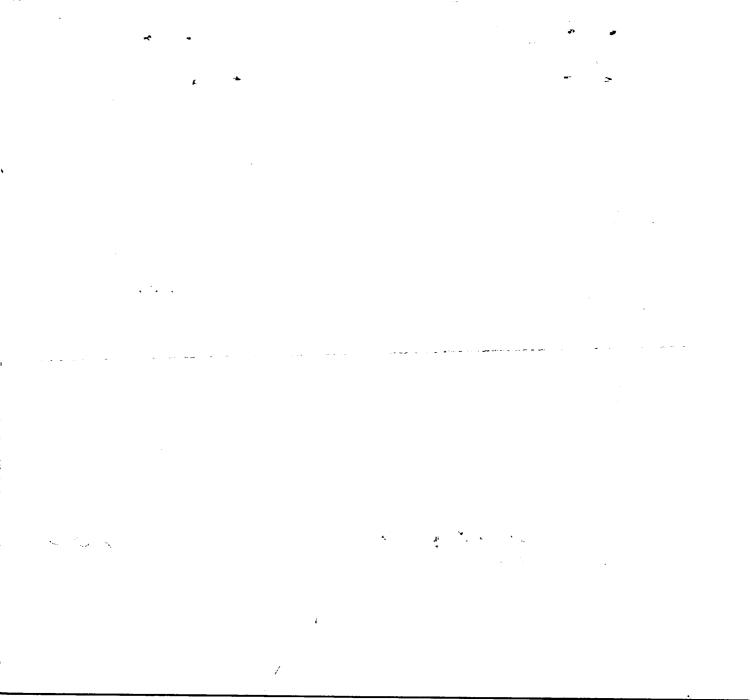
PHS-797(VS) 4-48				(1949 Revi:	sion of	Standard Certificat	e)	State File	No	
FEDERAL SECUR	ITY AGE	NCY A RI	91	<b>DER</b> TIFIC	ATE	OF STILLBI	RTH		. No	
PUBLIC HEALTH SE	EŖVICE	JAN	41	Si	tate of	Idaho		_	No5	•
1. PLACE OF S	TILLBIR	TH				2. USUAL RESID	ENCE OF M	OTHER (%)	d	••
a. COUNTY			nnock	-		a. STATE	daho	b. COUNTY		•
b. CITY (If outside	e cornorate li					c. CITY (If outside o		• DIIDAT and al-	Bannock	
OR TOWN			catel			OR TOWN	Pocate		towning)	
c. FULL NAME O	F (If not in i			ve atroot address or lo	eation)	d. STREET	(If rural, give l			
HOSPITAL OR				y Hospita		ADDRESS	245 North			
3. CHILD'S NA				y			<u> </u>	i ziiu.		<del></del>
(Type or Print	:)	Baby	Girl	Miller #]	l					
4. SEX	5a. THIS I		4414	1122201 // 3		WIN OR TRIPLET (This	child born) 6 DA	TE OF (Mon	th) (Day)	(Year)
female	SINGLE		IN X	TRIPLET	IST 5		3RD ST	ILLBIRTH	· (24)	(102)
7. FATHER'S	JIII J	a. (First)			b. (Midd		c. (Last)	<del></del>	8. COLOR OF	RACE
NAME		Joh	n		Les	lie	Mille		İ	
9. AGE (At time of the	hia birth)			ate or foreign countr		11a. USUAL OCCUPA			negr	
56	YEARS			ahoma		Carman		1	R.R.	
12 MOTHER'S	- I LANG	a. (First)			b. (Midd		c. (Last)	<u> </u>	13. COLOR O	R RACE
MAIDEN		Pen	line		•	,	Johns			
14. AGE (At time of the	nis birth)			ate or foreign countr	y)	16. CHILDREN PREVI			negro	
39	YEARS	Fo	rest.	County . Ar	•lr	a. How many chil- dren are now living?		children were are now dead?		
17. INFORMANT				Courtey (A)	11.0	dren are now living?	born alive but	are now dead?	c. How many children wer (born dead aft	e stillborn ter 20 weeks
Paulin	e J.	Miller		mothe	ייני	0			pregnancy)?	0
18a. LENGTH OF PR	REG-   18b.	WEIGHT AT	BIRTH			serological test	for symbilia	nonformed 2	Voc.	No
40 WEEKS	NCY NO	t LBS. W	ei <i>ei</i> ht	el Approxim	ase da	te C	or syphins	periorined:		30.0
		20a. FETAL			<i></i>	1		11	<del></del>	70.0
CAUSE OF STILL State only morbid	conditions		bild	u/M	Cons	enni - h	ist a	Luc	Tit 1	te en brus
causing fetal death use such terms as	(do NOT stillbirth,	20b. MATE	RNAL CA	USES	4	10			~~ //·	
Prematurity, Asphy:	xia, etc.)	-	27	hes &	22	/ Frauen	ud			
21. STATE ANY COM	APLICATION	IS OF PREG	NANCY/A	ND LABOR	1	2 STATE ALL OPER	ATIONS FOR DE	LIVERY	111	·····
Sis	uR.	1 oren	entu	w detle		mary	co Irem	wol d/k	of the	Tolante P.
I hereby certif	y that I	23a. ATT	ENDAN	T'S SIGNATL	RE	(Specify if M.)	D., midwife, or ot	her)	276. DATE SI	GNED
attended the birth		B	Que	e 1 / . [//	unx	The T	-	(1)	14/	152
on the date state	d above	23c. AT 154	DANT'S	ADDRESS		If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	L /	TITLE
at 4:05 a.	/ 1			o. Idaho		attended by physician			•	
25a. BURIAL, CREI	M A- 25b.	DATE		25c. NAME OF C	EMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	oounty)	(State)
Burial	Ja	an. 9,	1952	Mount	ain '	View Cemeter	y Poc	atello	Id	daho
DATE REC'D BY LO	CAL REG	STRAR'S SI				26. FUNERAL DIRECT	OR	AD	DRESS	
au. 18.19.	REG.	essie	2.	Fame?		Vante	Kende	Po Po	catello	Idaho.
40.11	1					//				<del></del>



PHS-797(VS) 4-48 FEDERAL SECURITY ACTION PUBLIC HEALTH SERVICE	21 1952 CERTIFIC	e) RTH	State File Local Reg	. No. 2.0	9.8		
	S	tate of	Idaho		Reg. Dist.	No5.41	<b>L</b>
1. PLACE OF STILLBIRTH a. COUNTY	_		2. USUAL RESID		THER (Where		·
	Bannock		10	<u>eho</u>		Bannock	
b. CITY (If outside corporate limite, OR		İ	c. CITY (If outside of	rporate limits, write	RURAL and give	township)	
TOWN	Pocatello		TOWN	Pocate			
HOSPITAL OR	ital or institution, give street address or lo thony Mercy Hospit		d. STREET ADDRESS	if rural, give to 245 North	· · · · · · · · · · · · · · · · · · ·		
3. CHILD'S NAME ((Type or Print)	Baby Girl Miller #	2					<del></del>
4. SEX 5a. THIS BIRT	гн	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
female single	TWIN TRIPLET	1ST [	2ND X	3RD   511	1	7	52
7. FATHER'S a.	. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	John	Les	lie	Mille	$\mathbf{r}$	negro	
9. AGE (At time of this birth) 10.	. BIRTHPLACE (State or foreign country	y)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR I	NDUSTRY
56 YEARS	Oklahoma		Carman		U.P.F	R.R.	
MAIDEN		b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME	Pauline			Johns		negro	
14. AGE (At time of this birth) 15.	. BIRTHPLACE (State or foreign countr	• ′	16. CHILDREN PREVIO				<del></del>
39 YEARS 17. INFORMANT	Forest County, Ar	k.	a. How many chil- dren are now living?	b. How many born alive but s	children were re now dead?	c. How many children were (born dead after	stillborn
Pauline J	. Miller moth	her	0	0		pregnancy)?	
18a. LENGTH OF PREG-   18b. WE			serological test	or synhilis r	erformed 7	Vac	No
40 WEEKS NOT WA	ashed ozs. Approxim	ate dat	e Just /5	~/	/	2 V	90.0
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	b. MATERNAL CAUSES	right	Trales	has	Men	tu 1	
21. STATE ANY COMPLICATIONS OF	OF PRIGNANCY AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVERY Z	potece	Pacente
attended the birth of this	ATTENDANT'S SIGNATU	JRE	(Specify if M. I	)., midwife, or otl	ner)	23b. DATE SIGN	s 2
at 4:07 & m.	Pocatello, Idaho		physician 24. Signat	TURE OF AUTHO	PIZED OFFICIAL	estea	TITLE . 7/11:19 .
25a. BURIAL, CREMA- TION, REMOVAL (Specify)			OR CREMATORY	25d. LOCATION			(State)
DATE REC'D BY LOCAL   REGISTE	9 1952 Mounta	in Vi	ew Cometery 26. FUNERAL DIRECT	Pocate		Ida DRESS	no
REG. REG. 2	sie 2. Haul	20 l	20. FUNERAL DIRECTI	Lend	AD		lo, Idaho
1	0 0		1				



PHS-797(VS)	AECEIVED	(1949 Revision of	Standard Certificate	e)	State File	No	39
4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVIDIV	HAN 25 1952CE ISION OF WITH	RIPHIALE	OF STILLBIF	₹1H	Local Reg. Reg. Dist. 1		**************
1. PLACE OF STILLBIE			2. USUAL RESID	ENCE OF NOT	urto	<del></del>	
a. COUNTY	Bannock				COUNTY	Bannock	
b. CITY (If outside corporate i	imits, write RURAL and give	township)	c. CITY (If outside co	rporate limits, write R	URAL and give	township)	
OR TO <b>WN</b>	Pocatelle		OR TOWN	Pocatel	_		
	hospital or institution, give at Inthony Mercy	Hospital	d. STREET ADDRESS	(If rural, give locate #88 Campus			
3. CHILD'S NAME ((Type or Print)	Baby Boy	Schuerman			······································		
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (Thise	hild born) 6. DATE	OF (Month	h) (Day)	(Year)
male single		TRIPLET 1ST	2ND	3RD STILL	BIRTH 1	12	52
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR F	RACE
	Ernest	Ir	ving	Schuer	man	white	
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	ION 1	1b. KIND OF	BUSINESS OR II	NDUSTRY
25 YEARS	Whittier,	Calif.	Student		I.S.	C.	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME	Lavaun			Hillie	ard	white	
14. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO TH	IS MOTHER (I	Do NOT include	this child)
29 YEARS	Salt Lake	City, Utah	a. How many children are now living?	b. How many ch born alive but are	ildren were now dead?	c. How many children were (born dead after	OTHER stillborn
		41	,			pregnancy)?	Zi. WOCES
Mrs. E.I. Sch		mother	<u> </u>	<u> </u>		0	
NANCY 1	WEIGHT AT BIRTH 19 LBS. 15 OZS.	Was a standard Approximate dat	serological test f te	or syphilis per	formed?	Yes N	To
CAUSE OF STILLBIRTH	Thronles	1 con	· Carl	nearly	Red	00	Lien
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSE	Phen	the state	at fe	int	lung	<b>/</b>
Chemilia	NS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVI	ERY		
I hereby certify that I attended the birth of this child who was born deads	Call	SISTIATURE C. CLCZ	Cocity if M. I	o., midwife, or condi	9	23b. DATE SIGN	<b>₽ 5 ₹</b> .
on the date stated above at	23c. ATTEM ANT'S ADD Pocatello,	Idaho	attended by physician	TURE OF AUTHORIZ	ED OFFICIAL	7	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Sprifty)	DATE   250 -14-57	NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (C	ity, town, or o	ounty)	(State)
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	Panell	26. FUNERAL DIRECTOR	B. Dow	nako	Por	atelp
JAN 2 4 1002		,				Ja	Pales



## DISINTERMENT PERMIT

## IDAHO STATE BOARD OF HEALTH BOISE, IDAHO

		Bai	by Boy Sch	uerman	
APPLICATION HAVING BEEN MADE	for the disinterment of	the body of			
now lying buried in <u>Mountai</u>	nview	Cemetery, in the	City or Town	of Pocate	ello
County of Bannock State					
days, the cause of death be not directly or indirectly by di	ing Stil	Iborn		<u>-</u>	and
not directly or indirectly by di or yellow fever as shown by the	phtheria;(membranous cr certificate of death of	roup);scarlet fever f said deceased, gi	;smallpox;lep ven by	rosy;asiatic	cholera; typhus feve
	Dr. Ralph Hegs	ted			attending physician
THIS IS TO CERTIFY that permissi	on is hereby given for	such disinterment	and removal b	v priva	te
INTO 10 CERTIFI that permissi	on to hereby given for		•	private or	railway conveyance
THIS IS TO CERTIFY that permissi to Grove City Cemet	ery in the City or Tow	n of Blackfoo	<u> </u>	County of	Ringnam
Bannock it being anywise modifying or releasing to the requirements for a Transp governed accordingly; and provid part of the same cemetery, or in disinterment and removal must be the remains are to be removed from metallic lined outer case before	understood and provided he Regulations of the Sortation permit, and a led further, that where a contiguous cemetery done under the person om the cemetery they ( removal.	d that nothing here State Board of Heal 11 Transportation C the disinterment i , the removal shall al supervision of a including the disin	in shall be d th governing companies and s for the pur not be made licensed Emb terred casket	eemed as con the Transpor Common Carri pose of rein by any publi almer in goo ), must be e	travening or in tation of corpses ers will be terment in another c conveyance. The d standing. If enclosed in a new
	Given under my hand				rise, ruano,
Permit issued to:	this 1st day	of April	, A.D. 19	<u>/</u> 2.	
Downard Funeral Home					
Box 1543		Janet M. Wick			
Pocatello, Idaho 83201		by Director, I	Division of Vi	tal_Statisti	cs
The foregoing application for di	sinterment and removal	is hereby approved	by the local	Board of He	ealth of the City,
Town or County of	State of Idaho,	this	day of		, 19

Health Officer

## TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes.

	Standard Certificate		
FEDERAL SECURITY AGENTI 25 1952 CERTIFICATE PUBLIC HEALTH SERVICE PIVISION OF VIEW State of	OF STILLBIF fildaho	Reg. Dist	
I. PLACE OF STILLBIRTH Bannock	I A CTATE	ENCE OF MOTHER (Wb.	re does mother live?) Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	c. CITY (If outside ed OR TOWN	Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital	d. STREET ADDRESS	(If rural, give location) 1140 East C ar	ter
3. CHILD'S NAME ((Type or Print) Sid Lee Choules			
4. SEX 5a. THIS BIRTH 5b. IF T male single X Twin Triplet 1st	TWIN OR TRIPLET (This o	hild born) 6. DATE OF (Morange Control of STILLBIRTH 1	nth) (Day) (Year) 15 52
7. FATHER'S a. (First) b. (Mide NAME	ile)	c. (Last)	8. COLOR OR RACE
LaMar Cla	rk	Choules	white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 28 YEARS Preston, Idaho	11a. USUAL OCCUPAT	TON 116. KIND O	F BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Mide MAIDEN	dle)	c. (Last)	13. COLOR OR RACE
NAME Lenore		McGregor	white
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	
28 YEARS Thatcher, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
LaMar C. Choules father	0	0	pregnancy)?
18a. LENGTH OF PREGNANCY 35 WEEKS 4 LBS. 15 OZS. 4 Approximate da	serological test f	or syphilis performed?	1
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES	paralio	in A Place	ula
STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	Tous FOR DELIVERY	plans I men
I hereby certify that I 22 ATT NDANTS SCHATURE attended the birth of this child who was born dead	Secient M. I	)., midytterer other)	3b. DATE SIGNED
on the date stated above 23c. ATTENDANT'S ADDRESS at 10:15 p. m. Pocatello, Idaho	attended by physician	TURE OF AUTHORIZED OFFICIA	AL TITLE
1-21-52 Burel Mt Lite	Y OR CREMATORY	25d. LOCATION (City, towy, or	Country (State)
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE JAN 2 4 1952  Local Resistrar's Signature  Company of the state of	26. FUNERAL DIRECT	m CMIII,	Pocate

entre en la companya de la companya de la companya de la companya de la companya de la companya de la companya

PHS-797(VS)			(1949 Rev	ision of	Standard Certificate	e)	State File	No	1
FEDERAL SECUR	RITY AGE	NOY TO 1 5 10	CERTIFIC	ATE	OF STILLBIF	ŔΤН	Local Reg	7	*********
TOBLIC HEALTH SE	-AVICE	LER I DI	VITAL S	state of	Idaho		Reg. Dist.	No57/	***********
1. PLACE OF S	TILLER	HISTON	rics		2. USUAL RESID	ENCE OF MO	THED (W)		
a. COUNTY Bay	nnock	SIAM	B, 00 6, 44,		I a STATE	aho	b. COUNTY	Bannock	
b. CITY (If outsid OR	e corporate li	mite, write RURAL an	d give township)		c. CITY (If outside or		RURAL and give		
TOWN PO		o, Idaho	•		_ UK	catello		•	
c. FULL NAME O	F (If not in	hospital or institution,	give street address or l	location)	d. STREET ADDRESS	(If rural, give lo	ocation)		
		ck Memoria	1			ite 1 Nor	th		
3. CHILD'S NA ((Type or Print		Baby	Boy Shuck						
4. SEX	5a. THIS I				WIN OR TRIPLET (This c	hild horn)   6 DA	TE OF (Mon	th) (Day) (	(Year)
Male	SINGLE	X TWIN	TRIPLET	IST	1 n	3RD STI	II RIRTH	,	1952
7. FATHER'S NAME		a. (First)		b. (Midd		c. (Last)		8. COLOR OR RA	
- NAME		Daniel	•	Richa	rd	Shuc	k	White	
9. AGE (At time of the	nie birth)	10. BIRTHPLACE	State or foreign count	ry)	11a. USUAL OCCUPAT		<del></del>	BUSINESS OR INC	DUSTRY
	YEARS	Dixon,	Illinois		Mechanic				
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)		13. COLOR OR RA	ACE
NAME		Hazel		Marie	·	Ward		White	
14. AGE (At time of the	·		State or foreign count	ry)	16. CHILDREN PREVIO				
30 17. INFORMANT	YEARS	Gage, Ok	lahoma		a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many O' children were st	illborn
		Ctakam			73.			(born dead after 20 pregnancy)?	' weeks
18a. LENGTH OF PR		- Sister	10 ===		Five	One		One	<del></del>
	NCY	7 LBS. 9 ozs.	Approxim	andard nate dat	serological test f	or syphilis p	erformed?	YesX No	1
CAUSE OF STILI	LBIRTH	20a. FETAL CAUSE	s					100	<u> </u>
State only morbid causing fetal death	conditions (do NOT	a	more	son				·	
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, tia, etc.)	20b. MATERNAL C	AUSES PLAN	re	a Pc	لمر			
21. STATE ANY COM	PLICATION	S OF PREGNANCY	AND LABOR	1	22. STATE ALL OPERA	TIONS FOR DEL	IVERY		<del></del> -
· · · · · · · · · · · · · · · · · · ·				}	U				
I hereby certify		23a. ATTENDA	T'S SIGNATI	JRE	(Specify if M. D	., didwife, or oth	er)	23b. DATE SIGNED	5
attended the birth child who was bo	rn dead		M.	10	we	hon		January 2	20 <u>,</u> 1952
on the date state	d above	23 ATTENDANT'S		],	If NOT   24. SIGNAT	URE OF AUTHOR	RIZED OFFICIAL		TLE
at	m.		llo, Idah	0	physician				
25a. BURIAL, CRENTION, REMOVAL (8po	niA-   200.	DATE TO TOE	í		OR CREMATORY	25d. LOCATION			State)
Burial DATE REC'D BY LOC		n. 22, 195 STRAR'S SIGNATUI		_	ew Cemetery	Pocat		Idaho	
	1952 C	OAAA	" J. +	11.00	26. EUNERAL DIRECTO	) 	<del>9</del> P	DRESS Pocatello	n Tanha
Julia Phi	TOPE	Janes			- Just	Klade	non)	1 OCA GELIC	- Idanic
		H							

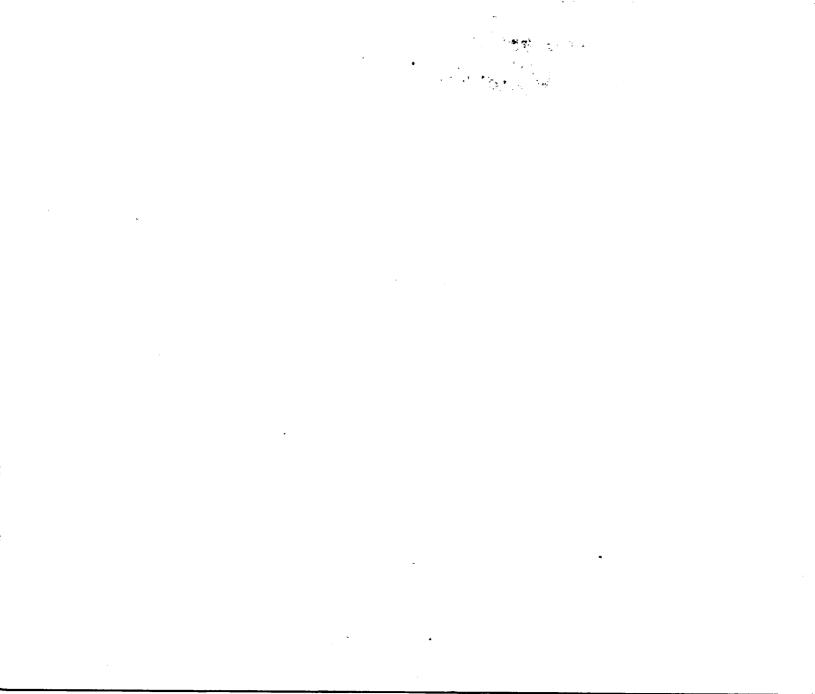
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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ŖVICE	FFB	8 1952 State	of Idaho	RTH Local Reg Reg. Dist.	No5
1. PLACE OF S	TILLBIF	DIVISIO	OF VITAL	2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY Bar	no ck	87	Wall Day Com	Idal	10	Power
OR	oorporate !	imits, write RURAL ar	id give township)	II OR	orporate limits, write RURAL and giv	e township)
	atell				rican Falls	
C. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institution.  Ock Memori	give street address or location)	d. STREET ADDRESS	(If rural, give location)	35 Cleveland
3. CHILD'S NA ((Type or Print		Baby Bo	y Ingrah	am		
4. SEX	5a. THIS		.5b. IF	TWIN OR TRIPLET (This	hild born) 6. DATE OF (Mon	th) (Day) (Year)
Male	SINGLE	TWIN .	TRIPLET 1ST	ZND	3RD STILLBIRTH	21 52
7. FATHER'S NAME		a. (First)	b. (Mi	ddle)	c. (Last)	8. COLOR OR RACE
		William	Jo	hn Ing	raham	White
9. AGE (At time of the	is birth)	10. BIRTHPLACE	(State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND OF	BUSINESS OR INDUSTRY
49	YEARS	Boise,	Idaho	Truck Dri	ver	
12. MOTHER'S MAIDEN		a. (First)	b. (Mi	ddle)	c. (Last)	13. COLOR OR RACE
NAME		Mabel	Letha 1		Stacev	White
14. AGE (At time of th	is birth)	15. BIRTHPLACE	(State or foreign country)		OUSLY BORN TO THIS MOTHER	
17. INFORMANT	YEARS	Sligo,	Colorado	a. How many children are now living?	b. How many children were born alive but are now dead?	(born dead after 20 weeks
Welliam	1/1	roulan	- Jan	Five	None	pregnancy)?
18a. LENGTH OF PR	EG- 1888.	WEIGHT AT BIRTH	was a standar	d serological test i	or syphilis performed?	Yes. X No
32 WEEKS	4	LBS. 2층 ozs	Approximate d	late		V36,2
CAUSE OF STILI		20a. FETAL CAUS				
State only morbid causing fetal death use such terms as	conditions (do NOT			ent of place	nta with hemorrh	age 1 day
use such terms as Prematurity, Asphyr	Stillbirth, tia, etc.)	20b. MATERNAL (	CAUSES			•
21. STATE ANY COM	IPLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify attended the birth	of this	23a. ATTENDA	NT'S SIGNATURE	(Spects if M. I	O., midwife, or other)	23b. DATE SIGNED
child who was bo		23c. ATTENDANT	S ADDRESS	If NOT   24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
at	m./	Pocatel 1	o. Idaho	attended by physician		
25a. BURIAL, CREM TION, REMOVAL (8pe	1A- 1866.	DATE	25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Romoval (Spe		21-52	Fallsview		American Falls,	Idaho
DATE REC'D BY LO	CAL REG	STRAR'S SIGNATU		26 FUNERAL DIRECT		DDRESS
1-31-5-2	EG.	lessie	J. Tame	100 /	Tare Ama	rican Falls, Idah
		1		7		Tudin
		1				

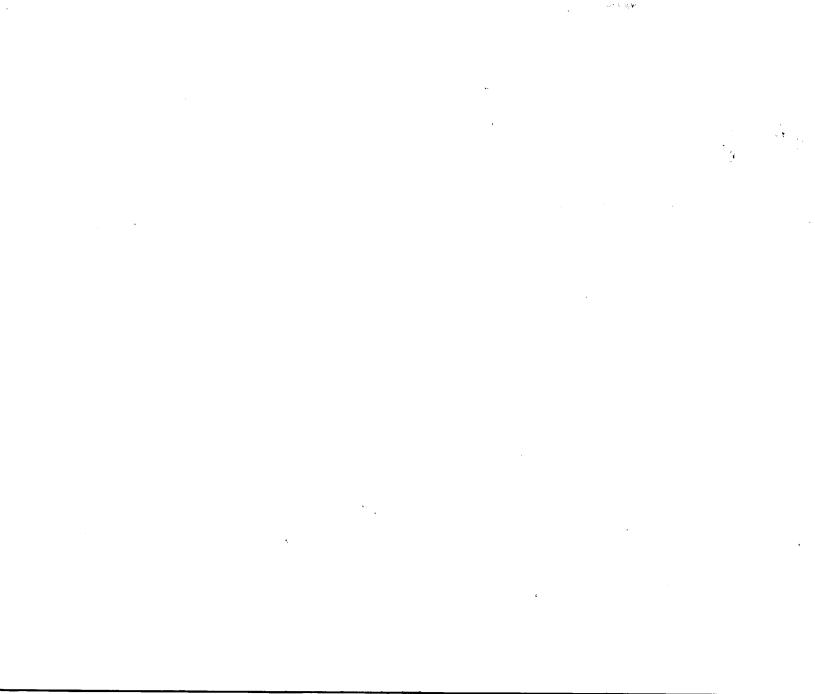
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PHS-797(VS) 4-48	(1949 Revision of	Standard Certificate	State File	No.
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CY DECEMPORATIFICATE	OF STILLBIF	RTH Local Rep	z. No
PUBLIC HEALTH SERVICE	State of	i Idaho	Reg. Dist	. No. 600
1. PLACE OF STILLBIR	DIVISION OF VITAL	2. USUAL RESID	ENCE OF MOTHER (Whe	re does mother live?)
a. COUNTY Bingh		a. STATE Idal	10 b. COUNTY	Bingham
b. CITY (If outside corporate lin	nite, write RURAL and give township)	c. CITY (If outside co	rporate limits, write RURAL and give	re township)
T <sup>OR</sup> N Black	foot	TOWN Blace	ckfoot	
c. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION Bingh	compital or institution, give street address or location) am Memorial Hospital	d. STREET ADDRESS 210	(If rural, give location)  D Sexton, Blace	ckfoot
3. CHILD'S NAME ((Type or Print)				
4. SEX 5a. THIS E		TWIN OR TRIPLET (This c	STILLBIRTH _	7 7 70 70
7. FATHER'S				an. 15, 1952
NAME	_ ` ` `	110)	c. (Last)	8. COLOR OR RACE
0.405.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	Don	Las digual occupan	Leavitt	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)  Moreland, Ida.	Mechanic	10N   11b. KIND O	F BUSINESS OR INDUSTRY
2 / YEARS	a. (First) b. (Mide	<u>'</u>	c. (Last)	13. COLOR OR RACE
MAIDEN		ale)	<u> </u>	
14. AGE (At time of this birth)	Juanita  15. BIRTHPLACE (State or foreign country)	I 16 CHILDREN PREVIO	Roberts  OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
		a. How many chil-		<del>`                                     </del>
25 YEARS   17. INFORMANT	Kansas	dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
Luaneta	Leavett)	Two	None	None
184. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH   19 Was a standard	serological test f	or syphilis performed?	Yes No
28 WEEKS	LBS. OZS. Approximate da		mp 51	V 39.6
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES NOT Kn	m	,	/
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES  NOT K	···		
21. STATE ANY COMPLICATION	S OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	
$\sim$	7	1 ~~~	<del></del>	
I hereby certify that I	238. ATTENDANT'S SIGNATURE	(Specify if M. I	O., midwife, or other)	23b. DATE SIGNED
attended the birth of this	Inunell gar	her m	, . <del>.</del>	1.17-52
on the date stated above	Z3C. ATTENDANT'S ADDRESS	attended by	TURE OF AUTHORIZED OFFICE	AL TITLE
25a. BURIAL, CREMA- 25b.	Blackfoot, Ida.	YAOR CREMATORY	25d, LOCATION (City flown, o	r county) (State)
TION, REMOVAL (Specify)	n. 16.1957 Bingham Me			
DATE REC'D BY LOCAL PAGE REG. REG.	stran's dignature of aluice	26. FUNERAL/DIRECT	a Cestery	DDRESS  Av. Blueli foo?
			nuente	
				-



PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE  1. PLACE OF STILLBIR	MECEIVE	RTIFICATE State of	Standard Certificate OF STILLBIF Idaho  2. USUAL RESID	RTH	State File Local Reg. Dist.	No	
- COUNTY	DIYISION OF		a. STATE		b. COUNTY	_	e:)
b. CITY (If outside corporate list			c. CITY (If outside so	roseta limita maita E	Bing	ham	
OR	_		OR		OKAL BEE DAYOR	township)	
c FILL NAME OF Great in b		net address or Insurion)	d. STREET	(If rural, give loca		<del></del>	<del></del>
HUSPITAL UK	n's Matern		ADDRESS _		tion)		
3. CHILD'S NAME	m s matern	ity Home	<u></u>	oute 1			
(Type or Print)							
4. SEX   5a. THIS B	tise Lyon	I Sh JE T	WIN OR TRIPLET (This c	hild born) 6. DATE	OF (Mont	h) (Day)	(Year)
_			J [	STILL	LBIRTH		(1 ear)
Temale   SINGLE L	a. (First)	b, (Midd		c. (Last)	Ja	8. COLOR O	1051
NAME	` '	·	·	_ ` `			
9. AGE (At time of this birth)	PANK  10. BIRTHPLACE (State o	Euger	16 11a. USUAL OCCUPAT	Lyon	11b. KIND OF	Whit	
	Firth. +	r foreign country)	Busines			n and	
36 YEARS	a. (First)	daho			Grai	13. COLOR C	
MAIDEN	_ ` .	b. (Midd	ie)	c. (Last)			
14. AGE (At time of this birth)	th BIRTHRI ACT 10		16 CUIL DOEN PREM	Baird	US HOTUED (	Whit	
·	15. BIRTHPLACE (State of		16. CHILDREN PREVIO	b. How many c		c. How man	
75 YEARS	Shelton	,Idaho	dren are now living?	born alive but are	now dead?	children wer	re stillborn
17. INFORMANT						pregnancy)?	ICL 20 WOCKS
-trank	erion or	<u> </u>	2		<u> </u>	2	
NANCY			serological test f	or syphilis pe	rformed?	Yes	No
30 WEEKS 3	LBS, 5 OZS.	Approximate da	Luc	1 pring		<u>y</u>	6-2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	1x 11 10		/		/	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSE	in it					
Prematurity, Asphyxia, etc.)	ZUD. MATERNAL CAUSE	<u>intime</u>	inte	salie	ou 61	des	Pouta
21. STATE ANY COMPLICATION	S OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ations for deliv	VERY /		_
13	19 H. H.		1.1 1.	10-11	4		
I hereby certify that I	23a. ATTENDANT'S	SIGNATURE	(Specify M. I	)., midwife, or other	e)	23b. DATE S	GNED
attended the birth of this child who was born dead	- Nill	16	Mult	UX	<u> </u>	1-1	<u> </u>
on the date stated above	23c. ATTENDANT ADD		If NOT 24. SIGNA	TURE OF AUTHOR	IZED OFFICIAL	-	TITLE '
at m.	Mil	ill Jack	physician				<del></del>
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE 250	. NAME OF CEMETER	OR CREMATORY	25d. LOCATION (	City, town, or	county)	(State)
Burial J	an.12 1951	Basali		Basal	t	Ide	tho.
DATE REC'D BY LOCAL REGI	STRAR'S SIGNATURE	? [~]	26. FUNEBAL DIRECT	OR	AD	DRESS	000
1-12-1952 811	w Maleis C	· Value	Loud 9	m Wal	See.	Shell	ley Idah
7	-	0-		. , , , ,			0



4-48 FEDERAL SECURITY AS A 1 PUBLIC HEALTH SERVISIO, OF	• •	Standard Certificate OF STILLBIR Idaho	,	. No
1. PLACE OF STILLBIRTH a. COUNTY  CONYON		a. STATE I da	ENCE OF MOTHER (Who	Canyon
b. CITY (If outside corporate finite, write RU OR TOWN CALAMA (I		TOWN W/	porate limits, write RURAL and giv	e township)
HOSPITAL OR INSTITUTION Coldwall  3. CHILD'S NAME	Mem. Hosp.	d. STREET ADDRESS	(If rural, give location)	
((Type or Print) Kay 4  4. SEX 5a. THIS BIRTH	ann arms	Trong	10 247 07	
7. FATHER'S a. (First)		2ND 3	STILLBIRTH 34	1 16 52
NAME Warra		11a. USUAL OCCUPAT	c. (Last)	8. COLOR OR RACE
	re dala	Farmer	- Cattle	F BUSINESS OR INDUSTRY
MAIDEN NAME Frie	b. (Mild A. MO LACE (State or foreign country)	ou .	c. (Last)	13. COLOR OR RACE
	Trieda Am	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREGNANCY NANCY WEEKS 18b. WEIGHT AT	BIRTH 19 Was a standard Approximate date	serological test for	or syphilis performed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FEFAL 20b. MATE	causes resulted mal causes	e sepae	eating	locenta
21. STATE ANY COMPLICATIONS OF PREGI	NANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
attended the birth of this child who was born dead	MOANT'S SIGNATURE  MANT'S ADDRESS  A COLOR OF A	2 //	unidwife, or other)	23b. DATE SIGNED
	256. MAME OF CEMETERY 252 Wilder		25d. LOCATON (City, town, o	
DATE REC'D BY LOCAL REGISTRAR'S SI	n denman	26. FUNERAL DIMEN	Well, Idaho	PRESSE 1
			<i></i>	

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PHS-797(VS) 4-48		(1949 Revision of			State File	No.	1.5
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	ICA CE	RTIFICATE		₹TH	Local Reg		7
	A 23	52 State of	Idaho		Reg. Dist.	No4	7.0
I. PLACE OF STILLBIR	TH Production	VITAL	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live	<u> </u>
a. COUNTY CASSI	A	F14353	a. STATE		L COLUMEY	Merco	
b. CITY (If outside corporate lin	nits, write RURAL and give	township)	c. CITY (If outside of	orporate limits, write I	RURAL and give	township)	
TOWN BU	RLEY		TOWN ATL	NATER	)		
c. FULL NAME OF (If not in b HOSPITAL OR	cepital or institution, give st	rest address or location)	d. STREET ADDRESS	(If rural, give loca			
INSTITUTION COT	TAGE HO	SPITAL	/3	29 F16	RAU	e.	
3. CHILD'S NAME	Δ.						<del></del>
((Type or Print)	BABY	SKOUSO	2N				
4. SEX 5a. THIS B		5b. IF T	WIN OR TRIPLET (This	shild born) 6. DATE	OF (Mont	h) (Day)	(Year)
FEMALE SINGLE	TWIN 🗌	TRIPLET 1ST	2ND	3RD   511L	JA	U. 11.	1950
7. FATHER'S NAME	a. (First)	b. (Midd	• •	c. (Last)		8. COLOR OR	RACE
	SAMUEL	JAA	185	SKOUSE	2N	10/41T	P
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR	INDUSTRY
34 YEARS	THATCHER.	ARIZONA	U.S. AIR	FORCE	AIR	FORCE	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OF	RACE
NAME	<u> BeTH</u>			PAYNC		WHI	170
14. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO TI	HIS MOTHER (	Do NOT includ	e this child)
30 YEARS	HeyBURN	, DAHO	a. How many children are now living?	b. How many cl born alive but are	hildren were now dead?	c. How many children were	OTHER stillborn
17. INFORMANT			1	4/2		(born dead after pregnancy)?	ar 20 weeks
JUN J	eyne ofk	Eausen		NON		NON	<u>e</u>
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH 19	Was a standard	serological test f	or syphilis pe	rformed?	Yes	No
WEEKS	LBS. OZS.	Approximate da	te			<u> v 3</u>	9.5
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	7	_			/	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	/	renalus				·	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSE	tome are of					
OL COMPLICATION	mai	Ulling					
21. STAPE ANY COMPLICATIONS	a	LABUR	22. STATE ALL OPERA	ATIONS FOR DELIV	/ERY		
Journal !	muun		poor	, 			
I hereby certify that I attended the birth of this	23a. ATTENDANT'S	// / .	(Specify if M. I	midwife, or other	r)	23b. DATE SIG	NED 
child who was born dead  -	23c. ATTENDANT'S ADD	spun		11/	<u>_</u>	12 pm	<u> </u>
	23C. AVIENDANI S ADI	Tel la	attended by	TURE OF AUTHORI	IZED OFFICIAL	. ()	TITLE
25a. BURIAL, CREMA- 25b. 1	francia s	<u> MANE OF CENTERS</u>	physician	AC . 1001715			
TION, REMOVAL (Specify)	( )	. NAME OF CEMETERY		25d. LOCATION (	City, town, or	bounty)	(State)
DATE REC'D BY LOCAL   REGIS		COTTAGE	HOSPITAL	BUBLE	24/	IDA H	
A PEG	STRABA SIGNATURE	د درسام ه	6 FUNERAL DIRECT	OR	ノ´ AD	DRESS	· Conn
pm. 43 /75/2	William Come		) X av	M Sa	yme	, sou	vice of
7			()	_	(l		

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PHS-797(VS) 4-48	(1949 <b>R</b> e	vision of	Standard Certificat	e)	State File	No.	. 7
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		CATE State of	OF STILLBII Idaho	RTH	Local Reg	No 8 No.340 - 5	241
1. PLACE OF STILLBIRTH	1/4/11/11/0		2. USUAL RESID	DENCE OF MO	THER (Where	does mother live?)	
b. CITY (If outside corporate limits, wri	ite RURAL and give sewinging	٠,	c. CITY (If outside o	orporate limits, write	RURAL and give	township)	
c. FULL NAME OF (If not in hospital of HOSPITAL OR MORY Sec	or institution, give street address of	r location)	d. STREET ADDRESS	712 Nort		ercial	<del></del>
3. CHILD'S NAME ((Type or Print)	illie Kennedy	-					
4. SEX 5a. THIS BIRTH		5b. IF T	WIN OR TRIPLET (This	shild born) 6. DAT	E OF (Mont	h) (Day)	(Year)
Female single E	TWIN TRIPLET	1ST [	2ND	3RD STIL	LBIRTH Jan	uary 4,	1952
7. FATHER'S a. (F	•	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
9. AGE (At time of this birth) 10. BI YEARS	RTHPLACE (State or foreign cour	ntry)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
12. MOTHER'S 8. (F	rirst)	b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME EV2.	1	<u> larie</u>	Rei	noehl		white	Э
	RTHPLACE (State or foreign cour	atry)	16. CHILDREN PREVI			Do NOT include	this child)
	ngston, Idaho	)	a. How many chil- dren are now living?	b. How many of born alive but ar	children were	c. How many children were	OTHER stillborn
7. INFORMANT	Kenne	des	4 -	, 0	,	children were (born dead after pregnancy)?	20 weeks
18a. LENGTH OF PREG- NANCY WEEKS LBS.	was a s	tandard mate dat	serological test	for syphilis pe ラチィ	erformed?	Yes 1	o
State only morbid conditions	ETAL CAUSES ASP	luga	in fra	- P	olep	red C	are
causing fetal death (do NOT 139 such terms as Stillbirth, Prematurity, Asphyxia, etc.)	MATERNAL CAUSES			· · · · · · · · · · · · · · · · · · ·		7 20	<u> </u>
1. STATE ANY COMPLICATIONS OF P	REGNANCY AND LABOR		22. STATE ALL OPER	ATIONS FOR DELI	VERY Costina	estros	tion
I hereby certify that I 23a. A stitended the birth of this hild who was born dead	TTENDANT'S SIGNAT	URE .	(Specify if M. I	O., midwife, or other	ar)	23b. DATE SIGN	IED 1967
	TTENDANT'S ADDRESS		If NOT 24. SIGNA physician	TURE OF AUTHOR	IZED OFFICIAL	. •	TITLE
5a. BURIAL, CREMA- 25b. DATE TON BEMOVAL (Specify) Jan. 7		CEMETERY	or crematory	25d. LOCATION (		ounty) daho	(State)
DATE REC'D BY LOCAL REGISTRAR'	'S SIGNATURE	,	26. FUNERAL DIRECT		1 1/2	ach	Tho
	- Canada		2	/		• • •	

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26. FUNERAL DIRECTOR

**ADDRESS** 

DATE REC'D BY LOCAL

## PHS-797(VSJAN 3 1 1952 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

## (1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State File No.	129
State File No	90
Reg. Dist. No	

			510	110 01	Iddio						
1. PLACE OF S	TILLBIR	TH		1	2. USUAL F	RESID	ENCE O	F MO	THER (When	e does mother	(mag)
a. COUNTY	Lem	hi			a. STATE	Ida	n o		b. COUNTY	Lemhi	, L
	Salmo	nits, write RURAL and	give township)		c. CITY (If c OR TOWN		rporate limi ker	ta, write	RURAL and give	e township)	
		hospital or institution, gi le Memori		tion)	d. STREET ADDRESS		(If rural	, give lo	cation)		
3. CHILD'S NA										<del></del>	<del></del>
(Type or Print	;) 	Baby Gir	1 Whiting	3							
4. SEX	5a. THIS I	BIRTH	.5	b. IF T	WIN OR TRIPLE	T (This e	hild born)	6. DAT			
<u>Female</u>	SINGLE		TRIPLET .	1ST	2ND	]	3RD	2111	LBIRTH Jar	n. 14,	1952
7. FATHER'S NAME		a. (First)	b.	(Midd	(e)		c. (I	Last)		8. COLOR	OR RACE
TATIVILE .		Clinton	La	aVa:	11		Whiti	ing		White	)
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (8	tate or foreign country)		11a. USUAL O		ION	ı	11b. KIND OF	BUSINESS (	OR INDUSTRY
32	YEARS	Crystal,	Idaho		Farmer						
12. MOTHER'S MAIDEN		a. (First)	b.	(Midd	le)		c. (1	ast)	<del></del>	13. COLOR	OR RACE
NAME	E	lizabeth				So	rensc	n		N	/hite
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (8	tate or foreign country)		16. CHILDREN	PREVIO	DUSLY BOR	N TO 1	HIS MOTHER (	Do NOT inc	lude this child)
31	YEARS	Leslie,	Idaho		a. How many dren are now	chil-	b. How	many	children were	c. How me	ny OTHER
17. INFORMANT	Γ	2116	<i>C</i> .	·			50.2 4.1		o non done.	(born dead pregnancy)	after 20 weeks
* Clarit	on I	W Tiel	ma		4			)		programa,/	· 🗲
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH	19 Was a stan	dard	serological	test f	or syph	ilis p	erformed?	Yes	No
WEEKS		LBS. O OZS.	/Approximat	te dat	·	' ~ <u>.</u>	5 ~ C	′/		V	13610
CAUSE OF STIL		20 FETAL CAUSES	4 - 00			*		j	0	2 101	
State only morbid causing fetal death use such terms as	conditions (do NOT	Viron	porce	<u> </u>	MISK	رمو	7751	1	Les	سالان	ZAL C
use such terms as Prematurity, Asphyr	Stillbirth, ria, etc.)	20b. MATERNAL CA	(USES		/	-//	(I	7/	Λ		
								1/_	<u> </u>		
T. STATE ANY	IPLICATION	S OF PREGNANCY A	IND LABOR	ł	22. STATE ALL	. OPERA	ATIONS FO	R DELI	VERY		
V-100 -		400	79		+0	<u> </u>	ھے	4	-4		
I hereby certifattended the birth	y that I	23a. ATTENDAN	T'S SIGNATUR	RΕ	2 Specify	II M. D	)., midwife	or oth	er)	23b. DATE	SIGNED
child who was bo	Yn dead		(, )	<u>u</u>	ever-		277	$\Delta$		/~	2171
on the date state	above m.	23c. PPENDANIPS	ADDRESS		If NOT 24. attended by physician	SIGNAT	TURE OF A	AORTÚ	RÍZED OFFICIAI	L	TITLE
25a. BURIAL, CREI	M A- 25b.	DATE	25c. NAME OF CEN	ici el y	OR CREMATO	RY ]	25d. LOCA	TION	(City, town, or	county)	(State)
Durial	etfy)  1-]	17-52	Salmon	ı		- 1			Idaho		• •
DATE REC'D BY LO		STRAR'S SIGNATURI	F.O. 1		26. TUNERAL I	ARECTO		<del>)</del>		DRESS	
1-28-5	EG. 7	The 6.5	tolarian	ارم	Nelko	1	( ) . \	100		lmon,	Idaho
<del>, 0 u</del>				<i>-1</i> _1	DEA AND	<del></del>			<u>-</u>		
		17					-				

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and the state of the state of

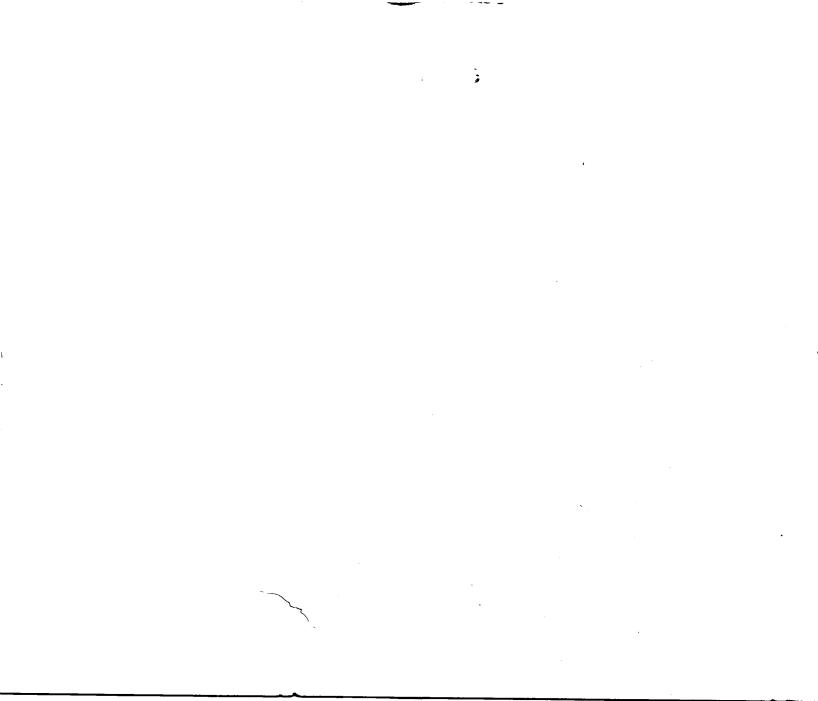
PHS-797(VS)	11 1952	(1949 Revision of	•	-,	State File N		•••
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	ENCY	ERTIFICATE		₹TH	Local Reg. I		•••
		State of	Idaho		Reg. Dist. N	o 630	••••
1. PLACE OF STILLBI	RTH		2. USUAL RESID	ENCE OF MO	THER (Where de	oes mother live?)	<del></del>
a. COUNTY	DISON		a. STATE	AHO	b. COUNTY	MOSIAA	
b. CITY (If outside corporate OR	limits, write RURAL and gi	ve township)	C. CITY (If outside or OR	orporate limits, write	RURAL and give to	wnship)	<del></del>
TOWN	EXBURG		TOWN	FE	KBURG	<b>.</b>	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	· •	Street address or location)	d. STREET ADDRESS	(If rural, give loc	So / p	* EAST	_
3. CHILD'S NAME ((Type or Print)	Ð	7.	>	7.			<del></del>
		ABY I	\EED				
4. SEX 5a. THIS		i	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Month)		-
TEMALE   SINGLE	a. (First)	TRIPLET 1ST 6. (Midd		3RD	A C	N. 30 19.	
NAME	/ <b>Y</b> / <b>F</b>	<i>i</i> .	,	c. (Last)		COLOR OR RACE	
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat	Le or foreign country)	11a. USUAL OCCUPAT	TEE		WHITE USINESS OR INDUST	
2 / YEARS	1 / 1	IDA	FARMER- S		_	NGINEE	 •
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		3. COLOR OR RACE	₹
NAME	NAOU		•	(3ROW	N	WHITE	
14. AGE (At time of this birth)	15. BIRTHPLACE (State	te or foreign country)	a. How many chil-	b. How many			
17. INFORMANT	1 /) EXBUR	G, IDA	dren are now living?	born alive but ar	e now dead?   c	. How many OTHE bildren were stillbo born dead after 20 wee.	m
JOAN BR	OWN R	E P \	^		r p	regnancy)?	<b>L</b> S
		19 Was a standard	serological test f	or synhilis ne	rformed? V	esNo	= 
30 WEEKS 4	LBS. 1 /LOZS.	Approximate dat	e cost	or by printing po	.iioimcu. i	√39.	5
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	11		0/	2	· .	_ _ \
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	Zes	edeler	mul	16	un	aluni	罗)
Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	SES					7, '
21. STATE ANY COMPLICATIO	INS OF PREGNANCY AN	D LABOR I	22. STATE ALL OPERA	TIONS FOR DELL	VEDY A		
			Z. STATE ALL OFER	TIONS FOR DELI	VERT -		,
I hereby certify that I	23a. ATTENDANT	'S SIGNATURE	epecify if M. I	o., midwife, or other	er) 23	b. DATE SIGNED	_
attended the birth of this child who was born dead	1	THU	ily m	Du.	١.	2/8/5	>
on the date stated above	23c. ATTENDANT'S AT	DORESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIAL	TITLE	<b></b>
at m.			physician				
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or cou	inty) (State)	_
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE	KEXBURG	26. FUNERAL DIRECTO		BURG ,	TDAHO	
In 31 - 5 9 REG.	SIGNATURE,	70	20. FUNERAL DIRECTO		ADDR LAMM	•	0
1 1 - 9 0	eona c	1 cann	- /\USSE	<u> </u>	LMMM	reg	unela
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FEDERAL SECURITY AGENCY CERTIFICATE PUBLIC HEALTH SERVICE FEB 9 1952 State of	Standard Certificate OF STILLBIR i Idaho	TH Local Reg	No. 21 No. 5.30
1. PLACE OF STILLBIRTH a. COUNTY One 164	2. USUAL RESIDI	ENCE OF MOTHER (When	does mother live?)
b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Malad City	_OR	porate limits, write RURAL and give	s township)
c. FULL NAME OF (II not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oneida Hospital	d. STREET ADDRESS	(If rural, give location)  5 North	100 East
3. CHILD'S NAME ((Type or Print)  ToglesoNg			
4. SEX   5a. THIS BIRTH   5b. 6f T	WIN OR TRIPLET (This cl	aild born) 6. DATE OF (Mon STILLBIRTH	th) (Day) (Year)
7. FATHER'S a. (First) b. (Mide NAME		c. (Last)	8. COLOR OR RACE
Edwin EAL	····	toglesong	White
9. AGE (At time of this birth)  10. BIRTHPLACE (State or foreign country)  40 YEARS  LOBE HD Ne hposki	11a. USUAL OCCUPAT	ION 11b.4KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S  A. (First)  12. MOTHER'S  MAIDEN  12. MOTHER'S  A. (First)  B. (Middle)		c. (Last)	13. COLOR OR RACE
NAME RUBY Lav	eav	Richards	white
14. AGE (At time of this birth)  15. BISTHPLACE (State or foreign country)  35 YEARS Malado, to Idaha	a. How many children are now living?	b. How many children were born alive but are now dead?	(Do NOT include this child)    c. How many OTHER   children were stillborn
17. INFORMANT  Ruby Lalesano	6	/	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGUISE. WEIGHT & BIRTH 19 Was a standard Approximate da		or syphilis performed?	Yes. X. No
CAUSE OF STILLBIRTH State only morbid conditions		,	
causing letal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I   3a. ATTENDANT'S SIGNATURE	(Specific V.V. I	O, midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Jurgoy	ne M.V.	1/6/52
on the date stated above at 9:15 f.m. Much State	if NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFICIA	AL TITLE
25a. BURIAL, CREMA- TION REMOVAL (8) (11)	Y OR CREMATORY	25d. LOCATION (City, town, or	Smaile Oddelic
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR A	DDRESS marked Co
Jane 1952 July Alman	1 Jan	y kensar	- Jones Con

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PHS-797(VS) 4-48 FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	NCY RECEIVERTIFICATE  JAN 9 1952 State of	Standard Certificate OF STILLBIF  i Idaho	RTH Local Reg	No. 500
1. PLACE OF STILLBIR a. COUNTY	PIVISION OF VITAL P STATISTICS	2. USUAL RESID	ENCE OF MOTHER (Where h) COUNTY	e does mother live!) Bingham
ا ت⊸سيلا≱ OR	hite, write RURAL and give township)		rporate limits, write RURAL and given ling	e township)
INSTITUTION Schi	hospital or institution, give street address or location)  1tz Memorial Hospit	d. STREET ADDRESS	(If rural, give location)  Miles West	
3. CHILD'S NAME ((Type or Print)	MMETH LEE DUFFIN			
4. SEX 5a. THIS	BIRTH 5b. IF	TWIN OR TRIPLET (This o	hild born) 6. DATE OF (Mon	th) (Day) (Year)
Male single	X TWIN TRIPLET 1ST	2ND	<sub>3RD</sub> ☐   STILLBIRTH Ja	n 4 1952
7. FATHER'S NAME	a. (First) b. (Mid Sherman CH	dle)	c. (Last) DUFFIN	8. COLOR OR RACE
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND OF	BUSINESS OR INDUSTRY Irrigation
36 YEARS	Provo Utah	Farming		
12. MOTHER'S MAIDEN NAME	a. (First) b. (Mid	-	c. (Last) DUFFIN	13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
ZO YEARS	Sterling Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFÖRMANT Sherman Di	iffin Father	·		(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- 18b.	WEIGHT AT BIRTH 19 Was a standard LBS. OZS. Approximate de	l serological test f ate	or syphilis performed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	_		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SEGNATURE	(Specify if M. I	O., midwife, or other	23b. DATE SIGNED
	220 ATTENDANT'S ADDRESS	TONOT 124 SIGNA	THE OF AUTHORIZED OFFICE	TITLE
on the date stated above at m.	23c. ATTENDANT'S ADDRESS Aherdeen A Idaho	attended by physician	TURE OF AUTHORIZED OFFICIA	L TITLE
on the date stated above at m.		attended by physician	- 01 - 1	county) (State)
on the date stated above at	Aberdeen a. Idaho	attended by physician	25 JOCATION JOSE WAS	<u> </u>

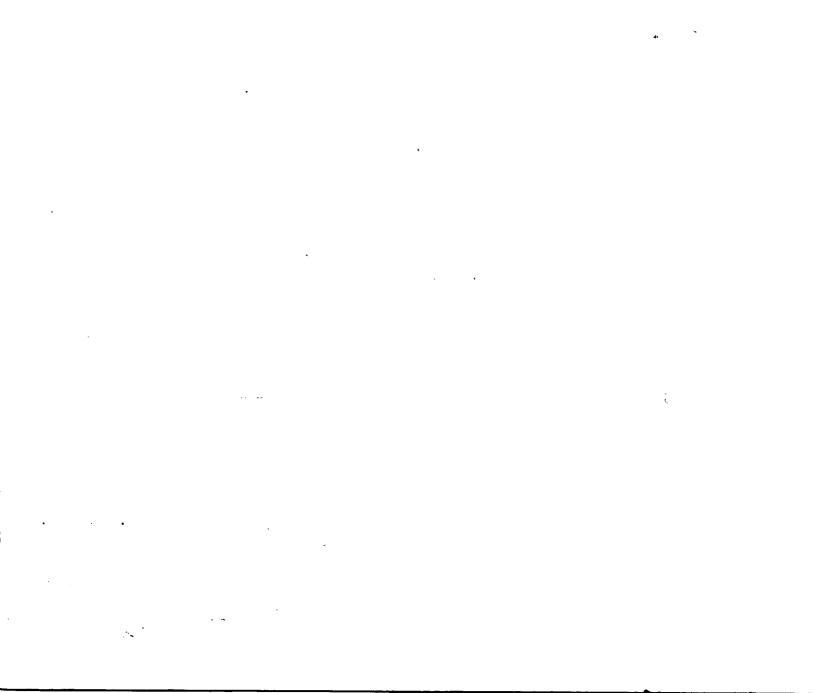
PHS-797(VS)	BECFIVE 149 Revision	of Standard Certificat	e) State Fil	e No.
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		OF STILLBIR	RTH Local Re	g. No. 75
FUBLIC HEALTH SERVICE	FEB 2 8 1952 State	of Idaho	Reg. Dist	No. 370
1. PLACE OF STILLBIR				
a COUNTY	· 1000000000000000000000000000000000000	- CTATE	DENCE OF MOTHER (Who	
Ada Ada		_ Ida	aho b. COUNTY	Ada
b. CITY (If outside corporate !	imite, write RURAL and give township)	c. CITY (If outside of	orporate limits, write RURAL and gi	ve township)
TOWN Boise		TOWN BO	oise.	
c. FULL NAME OF (If not in	hospital or institution, give street address or location)	d. STREET	(If rural, give location)	
INSTITUTION St.	Lukes Hospital		t. 8	
3. CHILD'S NAME				
(Type or Print)	vid Leroy Elsass			
4. SEX 5a. THIS		F TWIN OR TRIPLET (This	shild born) 6, DATE OF (Mo	nth) (Day) (Year)
Male SINGLE				eb. 21 1952
7. FATHER'S				
NAME	a. (First) b. (M	•	c. (Last)	8. COLOR OR RACE
	Leroy J.	•	Elsass	WITTOG
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	FION 11b. KIND C	F BUSINESS OR INDUSTRY
34 YEARS	Kansas	Surveyor	u.s.	Reclaration
12. MOTHER'S MAIDEN	a. (First) b. (M	•	c. (Last)	13. COLOR OR RACE
NAME	Beth	C:	lapsaddle	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	
35 YEARS	So Dakota	a. How many chil-	b. How many children were born alive but are now dead?	V- 17-17-17-17-17-17-17-17-17-17-17-17-17-1
17. INFORMANT		dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
	, Poinc Tde	hh -		pregnancy)?
garog o	Blass Boise Ide		l One	
18a. LENGTH OF PREG 18b.	. WEIGHT AT BIRTH   19 Was a standar	d serological test i	or syphilis performed?	Yes. No
WEEKS	LBS. OZS. Approximate of	late	7-9-51	V 36,2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES			
State only morbid conditions	none			/
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES			0
Prematurity, Asphyxia, etc.)	Complete prem	oture sep	o coccon - III	acenta
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
none		arty rups	1. ment. Di	regs.
I hereby certify that I	23a ATTENDANT'S SIGNATURE	specify if M. I	midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Verul Hun	rolde		2-22-52
on the date stated above	23c. A) TENDANT'S ADDRESS	If NOT 1 24, SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at 11 A m.	Doise	attended by physician	- مر - مر	
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE 25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
Burial F	eb 23.1952. Morris Hi	11	Boise Idaho	
DATE REC'D BY LOCAL   REG	SISTRAR'S SIGNATURE	·····		DDRESS
1 27 52 REG.	Partle tolmer	/ Schreiber-	or acCann-Gibson• A	Boise Idaho
de and levid	injuice invitar	111	20/	
	V	XX. 11	1 can	
		T/1	,	



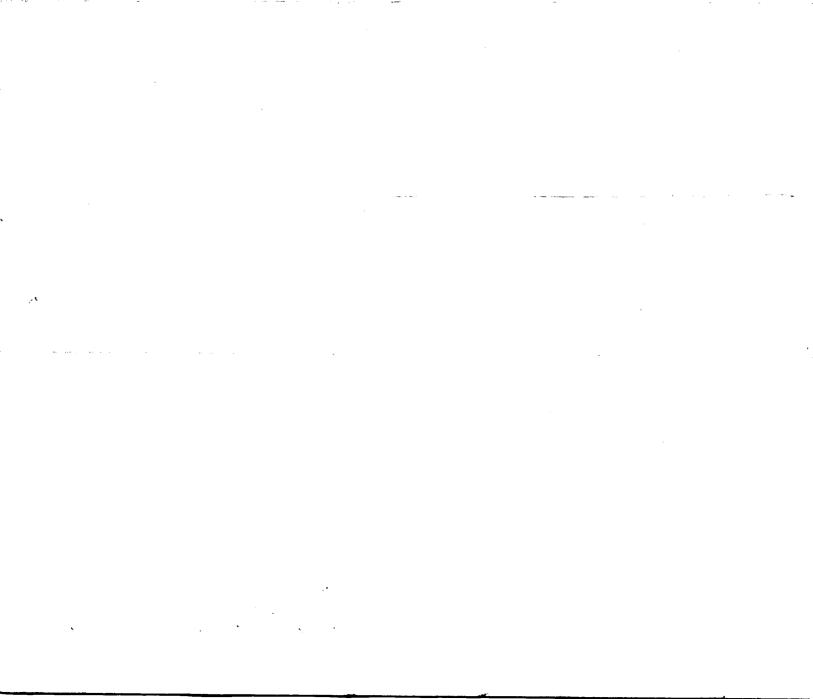
n Boling - a Jen (1949 Revision of Standard Certificate) State File No..... CENTRIFICATE OF STILLBIRTH FEDERAL SECURITY AGENCY Local Reg. No. 76 PUBLIC HEALTH SERVICE EB 29 1952 Reg. Dist. No. 370 State of Idaho AdDIVISION OF 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise Boise TOWN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS 1506 Dewey INSTITUTION St. Lukes 3. CHILD'S NAME (Type or Print) Baby Smith 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Year) Male STILLBIRTH SINGLE X February 22, 1952 TWIN TRIPLET 1ST 3RD 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME Joseph L Smith White 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 116. KIND OF BUSINESS OR INDUSTRY Jensen. Utah Transportation Underwriters YEARS 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN NAME Ora Harrison White 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) Salt Lake City. Utah a. How many chilb. How many children were c. How many OTHER **YEARS** dren are now living? born alive but are now dead? children were stillborn 17. INFORMANT pregnancy)?None (born dead after 20 weeks One None 184 LENGTH OF PREG-18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes...... NANCY 6 ms WEEKS Approximate date OZS. 36,0 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I 23a. TENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED attended the birth of this child who was born dead on the date stated above ENDANT'S AND If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) 1952 Morris Hill Idaho Boise. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS REG. Boise, Idaho McBRatney-Alden Chapel

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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY		n of Standard Certificate TE OF STILLBIF		e No5
PUBLIC HEALTH SERVI <b>C</b> E	FER 29 1952 State	e of Idaho	Reg. Dist	. No
1. PLACE OF STILLBIRTH a. COUNTY BONNER	DIVISION OF VITAL	11	ENCE OF MOTHER (When	BONN ER
b. CITY (If outside corporate limits, write I OR TOWN SANDFOINT	RURAL and give township)		rporate limits, write RURAL and giv	e township)
c. FULL NAME OF (If not in hospital or in HOSPITAL OR HOSPITAL OR HOSPITUTION BONN) R	nstitution, give street address or location (ENERAL HOSP.	d. STREET ADDRESS 2	(If rural, give location) 2 LARCH STREET	1217 Walne
3. CHILD'S NAME ((Type or Print)	BABY GIRL AN	DERSON		
4. SEX   5a. THIS BIRTH   FE TAILE   SINGLE   T		ST 2ND 2	hild born) 6. DATE OF (Mor STILLBIRTH F	EB. 8 1952.
7. FATHER'S a. (Firs	t) b. (i)	Middle) EDWARD	c. (Last) ANDERSON	8. COLOR OR RACE WHITE
20	HPLACE (State or foreign country) OUR, S. DAK.	11a. USUAL OCCUPAT MECHANIC	TION 116. KIND OF	F BUSINESS OR INDUSTRY
12. MOTHER'S A. (Fig MAIDEN H.C.).上 NAME	b. (	Middle) F.W. II. Y	NOTTON	13. COLOR OR RACE
	HPLACE (State or foreign country)	a. How many children are now living?	b. How many children were born alive but are now dead?	
7. INFORMANT LE ANDERSO	N, MOTHER	FOUR	NONE	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY 6 LBS.	AT BIRTH 19 Was a standard Approximate	ard serological test f	or syphilis performed?	Yes XX No
State only morbid conditions causing fetal death (do NOT	TERNAL CAUSES	of cord	Holy to	2 Due
21. STATE ANY COMPLICATIONS OF PRE	CONANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I 23a. AT attended the birth of this child who was born dead	TENDANT'S SIGNATURE	IN NOT   24. SIGNA	D., midwife or other) TURE OF AUTHORIZED OFFICIA	236. DATE SIGNED FEB, 18, 1952. AL TITLE
	point, idaho	attended by physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify)		TERY OR CREMATORY	25d. LOCATION (City, town, or	rounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	26. FUNERAL ORECT	OR A	DDRESS
Jev. 26 1952 1100	une A. Muley	100	care )	Rell
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PHS-797(VS) 4-48 (1949 Revision of	f Standard Certificat	e)	State File	No	
FEDERAL SECURITY AGENCY	OF STILLBIR	TH:	Local Reg		
PUBLIC HEALTH SERVICE		****		No61	۸
MAR 1 3 1952 State of	oi idano		reg. Dist.	110	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠
1. PLACE OF STILLBIRTH DIVISION	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live	7)
a. COUNTY Bonneville STATISTICS	a. STATE Idah		L COLUMN	Bonne	
b. CITY (If outside corporate limits, write RURAL and give township)					1110
OR	c. CiTY (If outside or OR			township)	
LGano rails	TOWN		Falls		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give lo			
INSTITUTION L.D.S. Hospital		2 30	Alpine	e Drive	•
3. CHILD'S NAME					
(Type or Print) Saby Hayes					
	TWIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mont	(D)	(TV )
		STI	LIDIOTLI '		(Year)
Male SINGLE TWIN X TRIPLET ST		3RD L	្រុង	nuray 2	
7. FATHER'S a. (First) b. (Mic	ldle)	c. (Last)		8. COLOR OR	RACE
Dallas Gai	<u>L</u>	Hayes		whit	. d
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
27 YEARS Ririe, Idaho	sales	ma n	C	ars & s	shoes
12. MOTHER'S a. (First) b. (Mid	idle)	c. (Last)		13. COLOR OF	R RACE
MAIDEN NAME Minnie		Dickson		whi	te
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO		<del></del>		
				c. How many	
26 YEARS   Ogden, Utah	a. How many children are now living?	b. How many born alive but a	re now dead?	children were (born dead aft	stillborn
MIA DOMAN HI				pregnancy)?	or sv. wocks
1 1000 Dallas Bayes	11				1
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test i	or syphilis p	erformed?	Yes.X	No
LBS. OZS. Approximate d	ato	ine		V35	7.7
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	. 4				
State only morbid conditions	ub. Loge	undet	tuine	<i>)</i> ) .	
causing fetal death (do NOT use such terms as Stillbirth, 20b. MAZERNAL CAUSES	9,				<del> </del>
Prematurity, Asphyxia, etc.)	and ation	1 0	la T	<del>_</del>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVEDV		
none 1			IVER!		
	<u> </u>	none	<del>`</del>		
I hereby certify that I 23a. ATTEMDANT'S SIGNATURE attended the birth of this	<b>\</b> \	)., midwife, or oth	er)	23b. DATE SIG	SNED
child who was born dead	M.D.		. 1	<b>૱</b>	. 2 2
on the date stated above 200 ATTENDANT'S ADDRESS	If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL		TITLE
atm. Inho tall, Ida	attended by physician				
25s. BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify) 25c. NAME OF CEMETER	<u> </u>	25d. LOCATION	(City, town, or	oounty)	(State)
TION, REMOVAL (Specify)		م جه		ers, on	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT			DRESS	
TLL WAREG.	TOTAL DIRECT		AD.	oness , A A	1. 3. 0.
Tri 4.1452 serve (hidges)	sock.	Jule	aus	- Core	mo tally
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PHS-797(VS) 4-48		स्कृतः स	(1949) Revision of	Standard Certificate	:)	State File	~ .	
FEDERAL SECURI PUBLIC HEALTH SE			PERTIFICATE		RTH	Local Reg. Reg. Dist.		2/0
			OF_VITAState of	Idaho		neg. Dist.	140	<b>P</b>
1. PLACE OF ST	TILLBIR	TH STAT	ISTICS	2. USUAL RESID	ENCE OF MO		does mother live	(f)
a. COUNTY Bo	onnev	ille		a. STATE Ide	tho	b. COUNTY	Bonn <b>ėv</b> .	ille
OB.		mite, write RURAL and a	rive township)	c. CITY (If outside co	rporate limits, write l	RURAL and give	township)	
TOWN	<u>[daho</u>	Falls		ll	ho Fall	з.		
INSTITUTION	T. D.	S. Hosp	e street address or location)	d. STREET ADDRESS	(If rural, give loc	ation)		
3. CHILD'S NAM ((Type or Print)								
(( 1 type of Final)	Ba	by Machen	<u> </u>					
4. SEX	5a. THIS I	BIRTH	,5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DATI	I DIDTU		(Year)
F.M.	SINGLE		TRIPLET 1ST	2ND	3RD STE	Fe Fe	b. 3.	1952
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	
	We	n <b>d</b> ell	<u>M.</u>		Mache	n	Whit	е
9. AGE (At time of thi	is birth)	10. BIRTHPLACE (St		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
21	YEARS		Falls, Idah	. Farm:	ing			
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	•	c. (Last)		13. COLOR O	R RACE
NAME		Bonnie	Kae		Killia		Whit	
14. AGE (At time of thi	is birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO				
	YEARS	Shelley,	Idaho	a. How many chil- dren are now living?	b. How many of born alive but are	children were   e now dead?	c. How many children wer (born dead af	y OTHER e stillborn
17. INFORMANT		1 6 900	an /		/)		pregnancy)?	er 20 weeks
1 Wins	lel	[ []]	1/Achin	, 0		<u>.</u>		<u> </u>
18a. LENGTH OF PRI NAN WEEKS	ICY	WEIGHT AT BIRTH  LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test f te	or syphilis pe	erformed?	Yesy	No. 36,0
CAUSE OF STILL		20a. FETAL CAUSES	100	0 0	1.	0	111	1
State only morbid causing fetal death	onditions (do NOT	All	Wron	Cord	arou	na 1	rece	
causing fetal death (use such terms as 8 Prematurity, Asphyx	Stillbirth, da, etc.)	20b. MATERNAL CA	USES	•				L
21. STATE ANY COM	IPLICATION	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER/	ATIONS FOR DELI	VERY		
I hereby certify	y that I	23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	)., midwife, or other	er)	23b. DATE SI	GNED
attended the birth child who was bo		-7V?	Till id	ly N	Me		2/18/	152
on the date state	d above	23c. ATTENDANT'S		H NOT 24. SIGNATE OF THE PROPERTY OF THE PROPE	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
25a. BURIAL, CREM TION, REMOVAL (8pec	A A - 25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (	(City, town, or	county)	(State)
Burial	2-	-4-5ž	Hill Cre	est	Shelle	y, Bin	gham	Idaho
DATE REC'D BY LOC		STRAR'S SIGNATURI		26. FUNERAL DIRECT	OR MIN	1 68	DRESS	111
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PHS-797(VS)	(10/9 Revision of	Standard Continent				008
4-48 FEDERAL SECURITY AGENCY	RECEIVEDATE	Standard Certificat OF STILLBII	。 > <b>ナ</b> は	State File Local Reg	5	8
PUBLIC HEALTH SERVICE	MAR 1 3 1952 tota of		<b>VIII</b>	Reg. Dist.		10
1. PLACE OF STILLBIRTH	DIVISION OF VITAL STAXISTICS	2. USUAL RESID	ENCE OF MC	THER (Where	does mother l	live?)
a. COUNTY Bonnevill	0	a. STATE Ide	aho	b. COUNTYBO	nnev:	ille
b. CITY (Il outside corporate limite, wr. OR TOWN Idaho Fa	Ils	c. CiTY (If outside of OR TOWN	orporate limits, write Idaho F	RURAL and give	township)	
c. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION L.D.S.	or institution, give street address or location) Hospital	d. STREET ADDRESS 12	241 Cany	on Ave	•	
3. CHILD'S NAME ((Type or Print)	Baby Girl And	rews				
4. SEX 5a. THIS BIRTH		WIN OR TRIPLET (This	child born) 6. DAT	EOF (Mont	b) (Dom	(77)
Female SINGLE	TWIN TRIPLET IST	2ND	3RD STIL	LBIRTH Fel		) (Year) 1952
7. FATHER'S a. (I	First) b. (Midd	le)	c. (Last)		8. COLOR	OR RACE
	ugene W.		Andrew		Whit	
9. AGE (At time of this birth) 10. BI 25 YEARS	RTHPLACE (State or foreign country)  Idaho	Well Dril		11b. KIND OF Drilli		
12. MOTHER'S a. (I	First) b. (Midd	le)	c. (Last)		13. COLOR	
NAME M	able		Kersh	aw	White	<del>)</del>
2 2	RTHPLACE (State or foreign country)	16. CHILDREN PREVIO				
77. INFORMANT	Idaho	a. How many chil- dren are now living?	b. How many of born alive but ar	children were e now dead?	c. How ma	ny OTHER ere stillborn after 20 weeks
Sene on	rewe	0ne	Non	e	pregnancy)	?
18a. LENGTH OF PREG-   18b. WEIGH	T AT BIRTH 19 Was a standard	serological test f	or synhilis n	erformed ?	Yes V	No.
WEEKS LBS.	OZS. Approximate dat	te.	or sypinis p	.iioiiiieu :	105	V3610
State only morbid conditions	ETAL CAUSES	0 6.0.	• • • • •	0	0	7-0-
causing fetal death (do NOT use such terms as Stillbirth, 20b. M	MATERNAL CAUSES	* many	p me	4 - D	eso p	remulus
Prematurity, Asphyxia, etc.)		,			,	
21. STATE ANY COMPLICATIONS OF F	REGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY		
	TENDANT'S SIGNATURE	(Specify if M. I	)., midwife, or other	ur)	23b. DATE S	SIGNED
attended the birth of this child who was born dead	Jasyl M W	uch 7	n v		127-	er 52
on the date stated above 23c. A	TTENDANT'S ADDRESS	If NOT 24. SIGNAT physician	TURE OF AUTHOR	IZED OFFICIAL	,	TITLE
Ea. BURIAL, CREMA- FION, REMOVAL (Specify) Feb 1	2,1952 Rose Hill	OR CREMATORY Cemetery	25d. LOCATION (	City, town, or c		(State)
NAA O 'REG. / /	S SIGNATURE .	26 FUNERAL DIRECTO	Blend	ADE	RESS	
Ward 3-52   Chu	a Medgea	Ralph M. V	rood Id	aho Fa.	lls,	<u>Idaho</u>
•	U					

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		•		
	•			

PHS-797(VS) 4-48	(1949 Rev	ision of Standar	d Certificate	)	State File	No	9
4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	YMAR I 195ERTIFIC	ATE OF S	TILLBIR	RTH .	Local Reg.	No. 20	······
PUBLIC HEALTH SERVICE	Mark Service S	State of Idaho	)		Reg. Dist.	No96.4	)
1. PLACE OF STILLBIR	ТН	2. USL	JAL RESID	ENCE OF MO	THER (Where	does mother live?)	<del></del>
a. COUNTY CANY	×	a. ST		gar.	b. COUNTY C	Lankon	
b. CITY (If outside corporate in	nite, write RURAL and give township)	c. CIT	Y (If outside co	rporate limits, write	RURAL and give		
TOWN Calkwa	o.\	TO	R.	1 das			
c. FULL NAME OF (If not in t	nospital or institution, give street address or	location) d. ST	REET	(If rural, give los	eation)	<del></del>	
HOSPITAL OR INSTITUTION	well memario Ho	Scila ADI	DRESS R	<b>t</b> 1			
3. CHILD'S NAME		,			<del></del>		<del></del>
((Type or Print)	daby, Bo	y 4	land.				
4. SEX 5a. THIS I	U	5b. IF TWIN OR T	RIPLET (This ci	hild born) 6, DAT	E OF (Mont	h) (Day)	(Year)
male SINGLE	TWIN TRIPLET	157	ND :	RD   311	Jet	). 26. I	425
7. FATHER'S NAME	a. (First)	b. (Middle)		c. (Last)		8. COLOR OR RA	ACE
	Earl	LeRou		Ward		UR: Ye	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign coun	try) 11a. US	UAL OCCUPAT			BUSINESS OR IN	DUSTRY
リン YEARS	Sargent Nebra	ska Jo	mmi	.	Sely.	Employ	ed_
12. MOTHER'S MAIDEN	a. (First)	b. (Middle)		c. (Last)		13. COLOR OR A	ACE
NAME	geneveive	-Addah	20	Sam	احود	Whire	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign coun				<del></del>	Do NOT include t	
34 25 YEARS	Weisert Nebrosk	a. How dren an	many chil- e now living?	b. How many born alive but as	children were e now dead?	c. How many O children were s	tillborn
17. INFORMANT			_			(born dead after 2 pregnancy)?	0 weeks
mrs, Grenew	Ever Ward.	<del></del>	3				· ·
18a, LENGTH OF PRIG- 18b.	WEIGHT AT BIRTH 19 Was a st	andard serolog	cical test f	or syphilis p	erformed?	Yes	0
40 WEEKS 9	113.5 5 023.	nate date	<u>a</u>	ug,	<u>'51</u>	y <u>3</u>	9,6
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	ssul	m	rien		/	
State only morbid conditions causing fetal death (do NOT						·····	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES		6	nu	1		
		1 20 000					<del></del>
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LABOR	22. SIA	IE ALL OPERA	ATIONS FOR DEL	IVERY	_	
	a a a a a a a a a a a a a a a a a a a	1	C 10 10 3 P . W			224 DATE CICAT	
I hereby certify that I attended the birth of this	23a. ATTENDANT'S SIGNAT	A TA	Specify if M. 1	o., midwife, or oth	(er)	23b. DATE SIGNE	11-
child who was born dead	23c. ATTENDANT'S ADDRESS	O II NOT	J Z SICNAT	TURE OF AUTHOR	DIZED OFFICIAL		17LE 52
on the date stated above	Co o d d d d d	attended physicis	bv	ORE OF AUTHOR	TIZED OFFICIAL	· ''	TILE.
25a. BURIAL, CREMA-   25b.	DATE 25c, NAME OF	- 1 payores	EMATORY	25d, LOCATION	(City, town, or	munty) (	(State)
TION, REMOVAL (Specify)	122195	1 2/		and	~ ~ ~ ~	000	
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	26. FUN	ERAL DIRECT	OR PROPERTY.	vece,	DRESS	
9 /6 /32 REG. (C.)	mes malennas	V /			1/1	han	
5/-/-	)		Poblehom	Dakan Ch	anal		
			Caldwell	L. Idaho	<del></del>	<del></del>	

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	RECEIVE	1mg		20 mm 10 m	
PHS-797(VS) I-48	MAD 1 9 100	949 Revision of	Standard Certificat	te) State Fi	le No
EDERAL SECURITY AGENCY	Carrier 2 GRB	TIFICATE	OF STILLBI	RTH Local Re	g. No. 2)
PHS-797(VS) 1-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	VISIO. OF VI	TAL State of	Idaho	Reg. Dis	t. No. 342
1. PLACE OF STILLBIRTH	STATISTIC	<del>5</del>	2 LIGHAL DECI	DENCE OF MOTUED	
a. COUNTY	_		a. STATE	DENCE OF MOTHER (WE	$\mathcal{O}_{\mathcal{A}}$
b. CITY (If outside cornorate limits,			- UK	ano	valyon
OR TOWN	, white RURAL and give town	nehip)		corporate limits, write RURAL and g	ive township)
	cupea :	yaa_	TOWN	ampa	sta
c. FULL NAME OF (If not in bospi HOSPITAL OR INSTITUTION	ital or institution, give atreet	address or location)	d. STREET ADDRESS	(If rural give location)	,
3. CHILD'S NAME ((Type or Print)	cliend .	Edwa	A B	u dell	
4. SEA	гн	.5b. IF T	WIN OR TRIPLET (This	child born) 6. DATE OF (Mo	onth) (Day) (Year)
SINGLE SINGLE		PLET   1ST	2ND	3RD	2-8-190
7. FATHER'S a. NAME	ases?	Midd (Midd	le)	B. Holl	8. COLOR OR RACE
AGE (At time of this birth) 10.	BIRTHPLACE (State or fo	reign country).	11a USUAL OCCUPA	TION LILE KIND (	OF BUSINESS OR INDUSTR
39 YEARS	naupa &	Idala	Daines .	Employ.	or bosiness on industri
2. MOTHER'S a. MAIDEN	. (Eirst)	b. (Midd	le)	/C (Last)	13. COLOR OR RACE
MAIDEN NAME	Ethel	mar	. 0	200	2
. AGE (At time of this birth) 15	BIRTHPLACE (State or fo			OUSLY BORN TO THIS MOTHER	(Do NOT include this shift
32 YEARS	obacon n	nedon	a. How many chil-		c. How many OTHE
INFORMANT	<u> </u>	Lagin	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 week
7111 B	1 /10	0	j.		pregnancy)?
Ba. LENGTH OF PREG-   18b. WEI	IGHT AT BIRTH   19 W	e e etendend	conclorical test	for syphilis performed!	1
NANCY   WEEKS   L	BS. OZS. A	pproximate dai	serological test i	for sypnius performed;	Yes No
DAUSE OF STILLBIRTH 20a	. FETAL CAUSES 4				- y 36 cm
ate only morbid conditions	*				/
using fetal death (do NOT se such terms as Stillbirth, rematurity, Asphyxia, etc.)	b. MATERNAL CAUSES	Dotan	10000	tal ola	
ematurity, Asphyxia, etc.)		12000	Jeace	ma pan	morning
STATE ANY COMPLICATIONS OF	F PREGNANCY AND LAR	BOR I	22 STATE ALL OPER	ATIONS FOR DELIVERY	<u></u>
Torsemia	of 3-1	Trement		ATIONS FOR BELIVERY	~
I hereby certify that I   23a	AT ENDANT'S S	IGNATURE	A (One-stem to 3.6.3	D	1 00. 0.000
tended the birth of this		) o =	Specify II M.	D., midwife or other)	23b. DATE SIGNED
ild who was born dead	. ATTENDANT'S ADDRES	1000		' //	11/
	ATTENDANTS ADDITES	° ( ,	attended by	TURE OF AUTHORIZED OFFICI	AL ( TIT/LE
m.	Nam	yo-	physician		
a. BURIAL, CREMA- 25b. DAT	25c. N.	AMÉ OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, o	or county) (State)
	4015 61614		26. FUNERAL DIRECT	OR COMPEN	DDRESS
	AR'S SIGNATURE/			//	
TE REC'D BY LOCAL REGISTR	MA (		, el " 1	1 82 /2 -	$\mathcal{O}_{-}$
	Mr. Jane	Such	Jenge 1	Rale 1	Campo Id
	Mrs. Jane	Just	George 2	Pale 1	Cango Id
	Mrs Jane	Such	Singe 2	I Tralk 1	Campo Id

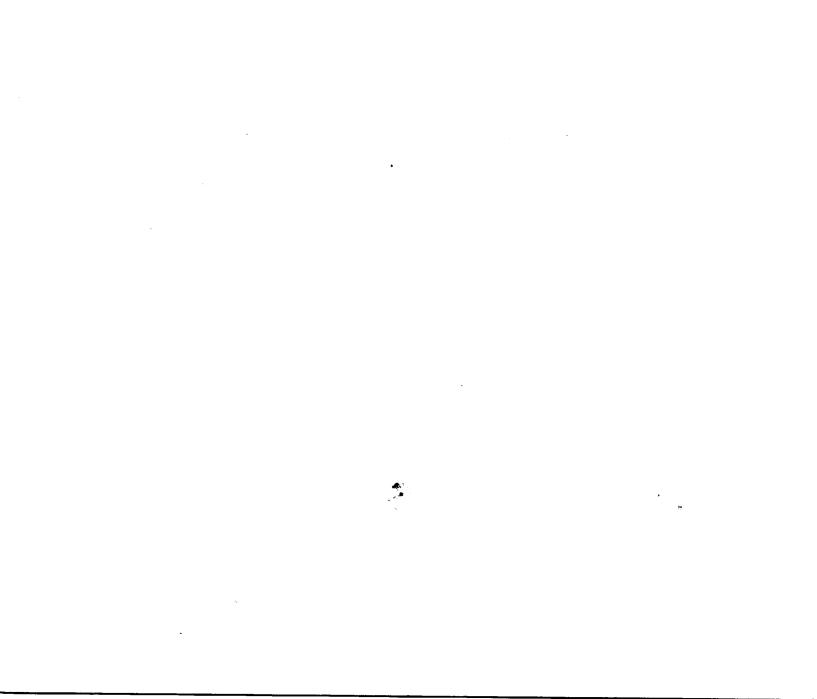
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	TECRISTRIFICATE		RTH Local Reg	No
1. PLACE OF STILLBIRTHOWN a. COUNTY	Province of the second	2. USUAL RESID a. STATE	b. COUNTY	e does mother live?)
b. CITY (If outside corporate limits, write R OR TOWN Ring Hill	JRAL and give township)	c. CITY (If outside oo OR TOWN	rporate limits, write RURAL and giv	e township)
c. FULL NAME OF (Mot in hospital or ins HOSPITAL OR INSTITUTION	titution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Box Wilb.	KF.	STOPKE	
4. SEX male 5a. THIS BIRTH SINGLE THE TWO	5b. IFT	WIN OR TRIPLET (This c	hild born) 6. DATE OF (Mon	th) (Day) (Year) 6 2 6 /95 2
7. FATHER'S a. (First) NAME F.A.	() ' ' ' ' ' ' '	le)	C. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTH  50 YEARS	PLACE (State or foreign country)  Not Wise.	11a. USUAL OCCUPAT	TON 11b. KIND OF	F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	mae b. (Midd	le) W/	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTH	PLACE (State or foreign country)	16. CHILDREN PREVIO a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	(Do NOT include this child)  c. How many OTHER children were stillborn
17. INFORMANT  Elle Mar Stopp	<u> </u>	4	no-	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT WEEKS 7 LBS.	was a stanuaru	serological test f	or syphilis performed?	Yes. 1. No
CAUSE OF STILLBIRTH State only morbid conditions	Undnown	0		/ / /
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ERNAL CAUSES & Condition			
21. STATE ANY COMPLICATIONS OF PREG	NANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
I hereby certify that I 23a. ATT attended the birth of this child who was born dead	ENDANT'S SIGNATURE	Specify if M. D	., midwife, or other)	23b. DATE SIGNED 27, 1952
on the date stated above 23c. ATTER	NDANT'S ADDRESS	If NOT attended by physician	URE OF AUTHORIZED OFFICIA	L TITLE
25a BURIAL, CREMA- 25b. DATE TICK REMOVAL (Specific) Tells 28.	250 NAME OF CEMETERY	OR CREMATORY	25th LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SI		26. FUNERAL DIRECTO	Bulle 2 18	DORESS .
	7		- 1911	

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## CERTIFICATE OF STILLBIRTH

•	032
State File No	
Local Reg. No Reg. Dist. No	

FUBLIC REALIR SE	SAVICE.	MAR1	1957	State of	Idaho			Reg. Dist.	No	650
1. PLACE OF S	TILLBIR	TH			2. USUAL	RESID	ENCE OF MO	THER (Whee	a does mother li	
a. COUNTY	Fremo	ont			a. STATE		Idaho	b. COUNTY	Fremon	
b. CITY (If outsid	e corporate li	mits, write RURAL and	give township)		c. CITY (If	outside o	orporate limita, write	RURAL and give	e township)	
OR TOWN	St	. Anthony			TOWN		St. Ant		•	
c. FULL NAME C HOSPITAL OR INSTITUTION		hospital or institution, gi			d. STREET ADDRESS	5	(If rural, give to	ocation)		
3. CHILD'S NA		Allonolly o	enerar	1050	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
(Type or Print		BABY G	IRL HA'	THAWAY						
4. SEX	5a. THIS	BIRTH	<del></del>	5b. IF T	WIN OR TRIPLE	ET (This c	thild born) 6. DA	TE OF (Mon	th) (Day	(Year)
Female	SINGLE		TRIPLET	] 1ST [	2ND	]	3RD SII	TE OF (Mon LLBIRTH Feb	., 25,	1952
7. FATHER'S NAME		a. (First)		b. (Midd	lle)		c. (Last)		8. COLOR C	OR RACE
NAME	E	Lmo			R Hat	hawa	У		Whit	<sub>'</sub> e
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (S	tate or foreign co	untry)	11a. USUAL C	CCUPAT	TION	11b. KIND OF	BUSINESS C	R INDUSTRY
31	YEARS	Menan,			Assit	Cash	ier	Ist S	ecurity	Bank
12. MOTHER'S MAIDEN		a. (First)		b. (Mide	lle)		c. (Last)		13. COLOR	OR RACE
NAME		<u> Iriş</u>					Howard		l W	Mite
14. AGE (At time of the	hie birth)	15. BIRTHPLACE (8	tate or foreign co	untry)	16. CHILDRE	N PREVI	OUSLY BORN TO	THIS MOTHER	(Do NOT incl	ude this child)
27	YEARS	Chester,	<sup>⊥</sup> dah <b>o</b>		a. How man dren are now	y chil- living?	b. How many born alive but a	children were re now dead?	children w	ny OTHER ere stillborn
17. INFORMAN	RHas	thenery	St. Ant	hony,	Jaho"	2	0		(born dead of pregnancy)	after 20 weeks
18a. LENGTH OF PE	REG- 18b.	WEIGHT AT BIRTH	19 Was a	standard	serological	test i	or syphilis p	erformed?	YesX.	No
WEEKS		LBS. OZS.		cimate da			•		V3	1.4
CAUSE OF STIL		20a. FETAL CAUSES	}						1	<del></del>
causing fetal death use such terms as Prematurity, Asphy:	(do NOT Stillbirth,	20b. MATERNAL CA	USES	14	<del></del>					
			<u> </u>	num	pe					
21. STATE ANY COM	APLICATION	is of Pregnancy A	ND LABOR		22. STATE AL	L OPER	ATIONS FOR DEL	.IVERY		
The	my	,				m	سمد			
I hereby certif	y that I	23a. ATTENDAN	T'S SIGNA	TURE	(Specif	y if M. I	O., midwife, or oth	her)	23b. DATE S	SIGNED
attended the birth		Qn(R)	cintor.	ma	_				28-7	1.50
child who was be		23g. ATTENDANT'S	ADDRESS	77.0	II NOT   24	SIGNA	TURE OF AUTHO	PIZED OFFICIA	<u>'                                    </u>	TITLE
at 12:45 P	m.	Stranth	,	laho	attended by physician	. JIGIA	TORE OF AGINO	MILLO OFFICIA	-	11145
25a. BURIAL, CRE	M A-   25b.	DATE	254 NAME O	F CEMETER	Y OR CREMATO	ORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Spe Burial	2-	27 <b>–</b> 52		ilford				nthony,		Idaho
DATE REC'D BY LO		ISTRAR'S SIGNATUR	£		26. FUNERAL	DIRECT	OR	AD	DRESS	
Feb 28- 5	REG.	7. 1 Ha	nden		m	0	Vancen	St. An	thony,	Idaho
		,					· · · · · · · · · · · · · · · · · · ·			<del></del>



PHS-797(VS) RECEIV (1949 Revision of	Standard Certificate)	State File	No. 13.
FEDERAL SECURITY AGENCY MAD 7 CENTIFICATE	OF STILLBIRT	H Local Reg	. No. 3/
DIVISION OF VITAL State o	f Idaho	Reg. Dist.	No.242
1. PLACE OF STILLBIRTH STATISTICS	2. USUAL RESIDEN	ICE OF MOTHER (Where	does mother live?)
a. COUNTY Talaho	a. STATE Idaho	b. COUNTY	_
b. CITY (If outside corporate limits, write RURAL and give township)		ate limits, write RURAL and give	ewis (township)
TOWN Cottonwood	TOWN Winch		
C. FULL NAME OF II not in hospital or institution, give street address or location) HOSPITAL OR OU	d. STREET	(If rural, give location)	
INSTITUTION	ADDRESS		
3. CHILD'S NAME			
(Type or Print) "Unnamed" Baby Girl Smi	th.		
	TWIN OR TRIPLET (This child	born) 6. DATE OF (Mont	th) (Day) (Year)
SINGLE TWIN TRIPLET 1ST	2ND 3RD	STILLBIRTH	4 50
7. FATHER'S a. (First) b. (Mid	dle)	c. (Last)	8. COLOR OR RACE
Guy Raymond	i S	mith	W
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
55 YEARS Appleton, Minnesota	Farming		
12. MOTHER'S a. (First) b. (Mid MAIDEN	dle)	c. (Last)	13. COLOR OR RACE
	oris Sm	<b>i</b> th	W
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		LY BORN TO THIS MOTHER (	Do NOT include this child)
36 YEARS Fort Scott, Kansas	a. How many chil- b.	How many children were orn alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	4	0	(born dead after 20 weeks pregnancy)?
Mrs. Merriel Smith, mother			
		syphilis performed?	Yes. No
24 WEEKS LBS. OZS. Approximate de	ite		¥39.4
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			/ /
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 200b. MATERNAL CAUSES	hem dead for	m 4 weeks, 7	Yawated
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	TR .	_	•
Kneuown - 5	- still have	· Lui-	nog.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATION		
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., 1	midwife or other)	23b. DATE SIGNED
attended the birth of this	•	midwile, or other)	
child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	IN NOT   24. SIGNATUR	RE OF AUTHORIZED OFFICIA	326.4,1952 L TITLE
at 9:06 A. m. Cottonwood, Idaho	attended by physician	LE OF AUTHORIZED OFFICIA	
25a. BURIAL. CREMA-   25b. DATE   25c. NAME OF CEMETER	<u> </u>	d. LOCATION (City, town, or	county) (State)
TION REMOVAL (Broodly) Feb. 4, 1952	C	ottonwood.	Idaho
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	AC	DRESS
march 3, 1952, Wesley 9, Ork M. D. hur	由山田	Ove mon	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			

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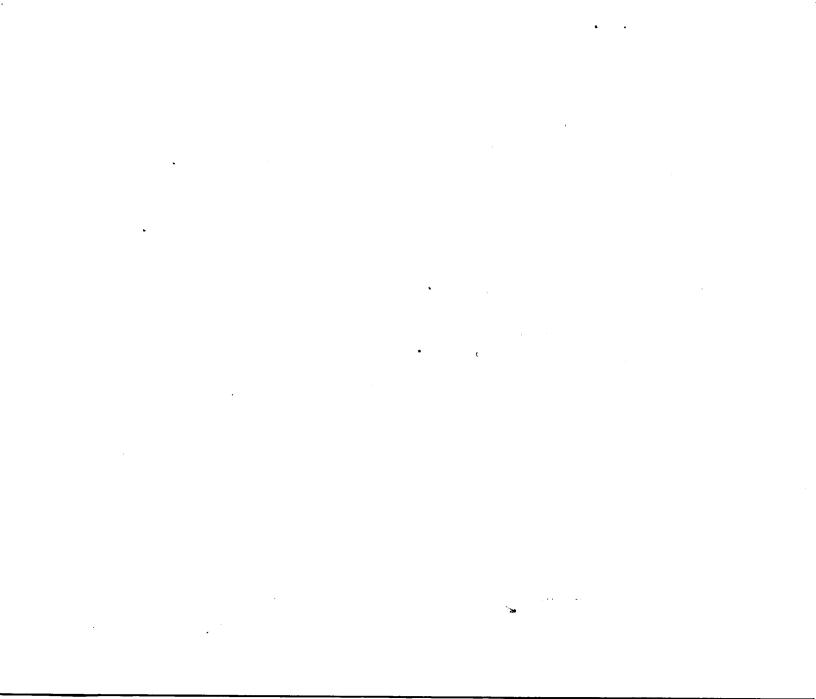
PHS-797(VS) 4-48		(1949 Revision o	f Standard Certificat OF STILLBII of Idaho	e) State	File No.
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	ICY	RIFICATE	OF STILLBI	RTH Local	1 Reg. No (p. 1.8
TODETO TIENETTI GENTATOR	RECE	1952 State	of Idaho	Reg.	Dist. No 2. 4.4
1. PLACE OF STILLBIR	プロー ふんと ご	F VITA:	2. USUAL RESID	ENCE OF MOTHER	(Where does mother live?)
a. COUNTY	h DIVISION	<b>.</b> .	a. STATE	a h o b. cou	NTY Idaha
b. CITY (If outside corporate lin	nite, write RURAS and give t	township)	c. CITY (If outside o	orporate limits, write RURAL	1 T . W 11 W
TOWN KO	oskia		OR TOWN	Kooskia	
c. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION		cet address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME					
((Type or Print)	Sandra	. Kai	n Jone	• <	
4. SEX 5a. THIS E			TWIN OR TRIPLET (The		(Month) (Day) (Year)
Female SINGLE		i		[-] STILLBIRTH	Feb. 26 1952
7. FATHER'S	a. (First)	TRIPLET   1ST	ddle)	c. (Last)	8. COLOR OR RACE
NAME	rii i	۸۱	<b>,</b>	1	1 1
	VIIIIAM		0 N 3 O	Nones	white
9. AGE (At time of this birth)	10. BIRTHPLACE (State of	or foreign country)	114. USUAL OCCUPA		ND OF BUSINESS OR INDUSTRY
24 YEARS	Port Orchard	Mash.		orker	logging
12. MOTHER'S MAIDEN	a. (First)	b. (Mi		c. (Last)	13. COLOR OR RACE
NAME DO	rothy	Je	9 11	Williams	white
14. AGE (At time of this birth)	15. BIRTHPLACE (State of	or foreign country)		:	THER (Do NOT include this child)
23 YEARS	Asotin	Wash.	a. How many children are now living?	b. How many children born alive but are now d	ead? c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT			2		pregnancy)?
Williams	Jones		\	1	O
NANCY	WEIGHT AT BIRTH 19			for syphilis perform	ned? Yes. No
36 WEEKS	LBS. OZS.	Approximate d	late O.e	comber 19	51 y39.6
CAUSE OF STILLBIRTH	20a. FETAL CAUSES				,
Obsess and marked conditions	. 4	heine an	was bone	shuttom.	of by bhysician
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSE	s	<u> </u>		
Prematurity, Asphyxia, etc.)					
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
_					lane t
I hereby certify that I	23a. ATTENDANT'S	SIGNATURE	(Specify if M.	D., midwife, or other)	23b. DATE SIGNED
attended the birth of this			(opromy as and	_ , <u></u> ,	1ab, 21 1952
child who was born dead	23c. ATTENDANT'S ADD	DESC	It NOT   24. SIGN/	TURE OF AUTHORIZED O	
on the date stated above	230, ATTENDANT 3 ADD	MUSS	attended by	A TA	η <b>)</b> - · <del>+</del>
at 12:45 A. m.	DATE	NAME OF CENTER	physician   Carlos   25d. LOCATION (City, to	wn. or county) (State)	
25a. BURIAL, CREMA- 25b. TION REMOVAL (Specify)					2,020000,
Burial Fe	<del></del>	Pine Grou		Koostia	lagho
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE		26. FUNERAL DIREC	IOR	ADDRESS
7-26.27.1952 V	laude Me	-ary	Plande	Munny	Konkia Bloko
		8		· ·	l

PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	CERTI	FICATE State of	Standard Certificate OF STILLBIF Idaho	•	Local Reg	No. 9 No. 4	
a. COUNTY Jeffer  b. CITY (If outside corporate is	DIVISION	<u> </u>	a. STATE Idah c. CITY (If outside co	0	b. COUNTY J	effers	
c. FULL NAME OF CH mot in HOSPITAL OR endring	hospital or institution, give street addricks Maternity	Hospit	тойн Rigi	(If rural, give to	ocation)		-
3. CHILD'S NAME ((Type or Print) 4. SEX 5a. THIS	BABY	MORGAN	WIN OR TRIPLET (Thise	hild born)   6, DA	TE OF (Mont	h) (Day)	(Year)
Male single	TWIN TRIPLET		ר"ו ר	3RD STI	LLBIRTH Feb		1952
7. FATHER'S NAME Bla	a. (First) nine Vi	b. (Middletor	·	c. (Last) rgan		8. COLOR OR White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign	country)	11a. USUAL OCCUPAT Printer	TION	11b. KIND OF Newsp	BUSINESS OR	INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)  Bettie M	b. (Midd		c. (Last)	·	13. COLOR OF White	
14. AGE (At time of this birth)  21 YEARS  17. INFORMANT	15. BIRTHPLACE (State or foreign   Californi		a. How many children are now living?	b. How many born alive but a		c. How many children were (born dead after pregnancy)?	OTHER stillborn
18a, LENGTH OF PREGNANCY WEEKS	WEIGHT AT BIRTH 19 Was LBS. OZS. Appr	a standard oximate dat	serological test f		erformed?	Yes.	No.
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20a. FETAL CAUSES  20b. MATERNAL CAUSES	ed of	umbilica	e Cord	2,	7	
Prematurity, Asphyxia, etc.) Marginal Placenta Previa							
21. STATE ANY COMPLICATION	is of pregnancy and labor Counta Pres	نع.	22. STATE ALL OPERA	ATIONS FOR DEL	ivery Terre	lse.	
I hereby certify that I attended the birth of this child who was born dead	assel	all all	m. lle	)., midwife, or oth		33b. DATE SIG	0,1952
on the date stated above at	23c. AFFENDANT'S ADDRESS	and	physician	TURE OF AUTHO			TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/	· i		or crematory ty Cemeter	y Rexb	urg Mac		(State) daho
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	sell	26. FUNERAL DIRECTO	OR ENLES	ell ADI	Ress	dolaha
7					<del></del>	04	/

•		

PHS-797(VS)		(1949 Revision of	Standard Certificate	۵) (	04-4- E41- 37-		じょり
4-48 FEDERAL SECURITY AGE					State File No. Local Reg. No		*******
PUBLIC HEALTH SERVICE	C. SALIGE	RIFICALE	OF STILLBIF		Reg. Dist. No.	7	********
	CER 2.	1352 State of	l Idaho		neg. Dist. No.		*********
1. PLACE OF STILLBIR		OF VIIAL	2. USUAL RESID	ENCE OF MOT	HER (Where does,	mother live?)	
a. COUNTY deffer	SON STATE	MINO	a. STATE Id	aho b	. COUNTY	effer.	San
b. CiTY (If outside corporate li			c. CiTY (If outside ex	orporate limits, write R1			
TOWN RIAD	,		VO TOWN / \	ore=20		•-	
c. FULL NAME OF (Il not in		cet address or location)	d. STREET	(If rural, give locat	ion)	· · · · · · · · · · · · · · · · · · ·	
HOSPITAL OR INSTITUTION	in Wa Material	to the pital	ADDRESS	te#/			
3. CHILD'S NAME	CILS TIME COM	A TISTELLA		ela /			<del></del>
(Type or Print)	Ż	Baby A	adford				
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This o	child born) 6, DATE	OF (Month)	(Day)	(Year)
Female single	X TWIN 1	TRIPLET 1ST	2ND	3RD STILLI	Tebrys)		952.
7. FATHER'S NAME	a. (First)	b. (Mide	ile)	c. (Last)	8. 4	OLOR OR RA	CE
	Merle	Ray	Ra	dford		Nhit	e.
9. AGE (At time of this birth)	10. BIRTHPLACE (State o	r foreign country)	Ila. USUAL OCCUPAT	TION 1	1b. KIND OF BUS	INESS OR INC	USTRY
32 YEARS	Idaho		Farmin	1	Farm	ind	
12. MOTHER'S	a. (First)	b. (Mide	ile)	c. (Last)		COLON OR R	ACE
MAIDEN NAME	Maurine	2.		Hall		hit	
14. AGE (At time of this birth)	15. BIRTHPLACE (State o		16. CHILDREN PREVIO		IS MOTHER (Do N	OT include th	is child)
29 YEARS	Talah	0	a. How many chil-	b. How many ch	ildren were   c. I	low many O'	THER
17. INFORMANT	1 1001		dren are now living?	born alive but are	now dead?   cbil	dren were st rn dead after 20	illborn weeks
· MM · · la	Ball.				preg	mancy)?	
18a, LENGTH OF PREG- 1 18b.	WEIGHT AT BIRTH 19		<u> </u>		· · · · · · · · · · · · · · · · · · ·		<del></del>
NANCY		Was a standard Approximate da	serological test i		formed? Yes		
WEEKS	LBS. OZS.	Approximate da	te 9-4-5	7		<u>y3</u>	7.2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES					/	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	<del></del>						
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	egative	Blood ()	naterna	<i>e</i> )		
21. STATE ANY COMPLICATION	S OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVE	RY		
Edema + al	business	4	non	_			
I hereby certify that I	23a. ATTEMDANT'S	SIGNATURE	(Consider if M. T	O., midwife, or other)	1 225	DATE SIGNE	<u> </u>
attended the birth of this		O Tall	m. L	2., midwile, or other,	230.	ch. 23,	
child who was born dead	23c. ATTENDANT'S ADD	Proc				<del></del>	
on the date stated above	23c. ATTENDANT'S ADD		attended by	TURE OF AUTHORIZ	ED OFFICIAL	11	TLE
atm.	recorny,	oum	physician		·		
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE / 25c	NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (C	ity, town, or count	ty) (8	State)
Cremation 2/	20/1952 E	Acres //	1	Kithy de	ferson		240
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR +	ADDRES	s /	111
2-25.52 12	a B C	exerse //	Bruce a.	Ecken	ell t	yby.	delo
	(	- 200	,	•	6	17	•

Dr. D. Moseley		Λ2m
PHS-797(VS) RECEIVED (1949 Revision of	Standard Certificate)	State File No.
FEDERAL SECURITY AGENCY CEDTICICATE	OF STILLBIRTH	Local Reg. No.
FUBLIC HEALTH SENTAR O 1952		Reg. Dist. No. 120
a. COUNTY KOOTENAL	2. USUAL RESIDENCE OF M a. STATE Idaho	b. COUNTY KOOtenai
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate limits, wr	ite RURAL and give township)
TOWN Coeur d' Alene		Alene
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Lake City General HOSPIT		location) th St.
3. CHILD'S NAME		
(Type or Print) Infant Girl Ball		
	TWIN OR TRIPLET (This child born) 6. D	ATT OF ON THE
		ATE OF (Month) (Day) (Year)
		Feb. 27, 1952
NAME		8. COLOR OR RACE
Howard	Ball	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
32 YEARS Toponish, wash.	Saw Mill Worker	
12. MOTHER'S a. (First) b. (Midd		13. COLOR OR RACE
MAIDEN NAME Loise	Fine	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		White
		THIS MOTHER (Do NOT include this child)
25 years   Clarkston, wash.	a. How many chil- dren are now living? born alive but	children were c. How many OTHER children were stillborn
X X MARIO BALL	Four None	(born dead after 2º weeks pregnancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 TWO D. Chandle	<u> </u>	None
WEEKS   6 LBS. 6 OZS.   Approximate da	serological test for syphilis	performed? Yes No. No. No. No. No. No. No. No. No. No.
OAUSE OF STILLBIRTH   20a. FAL CAUSES		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  20b. MATERNAL CAUSES	ent Cause -	SDC March 25 5
ise such terms as Stillbirth, 20b. MATERNAL CAUSES		
Prematurity, Aspnyria, etc.)	sent laure	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DE	TIVERY
None	40	other V best C S
	Tione	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. D., midwife, or o	ther) 23b. DATE SIGNED
child who was born dead	ID, N.	2-11-521
on the date stated above 23c. APTENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTH	ORIZED OFFICIAL TITLE
it m. I Bles & alene State	physician	
5a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER'		(City, town, or county) (State)
Burial 2-28-52 Forest Cem	etery Coeur	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
2-28-5 Louraine K. Brush	Mars Fred 1: 1	Coeur d' Alene
	wor myest	Idaho
•	Ø	<del></del>



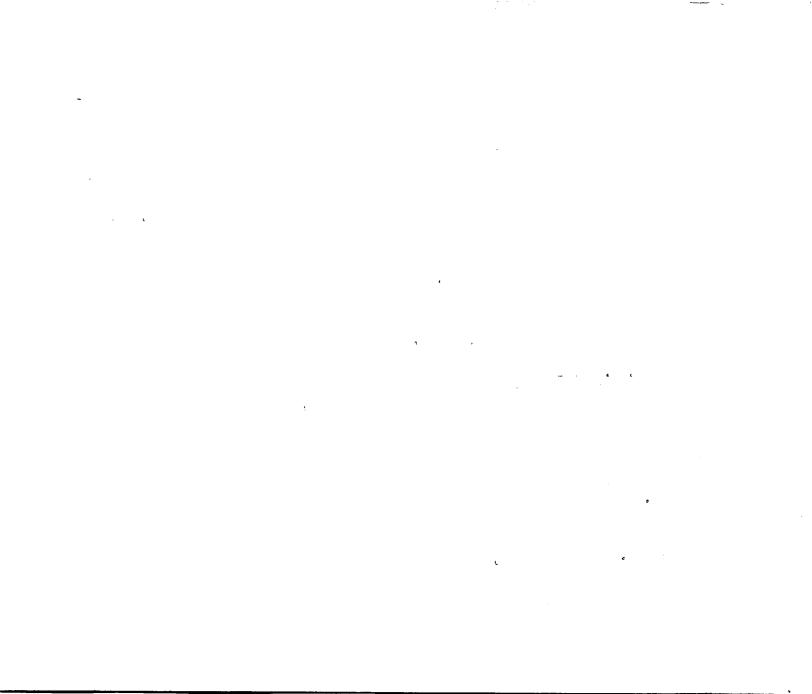
PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY	949 Revision of Standard TIFICATE OF ST State of Idaho	Certificate)	State File Local Reg	4.1
PUBLIC HEALTH SERVICE RECEIVED 1052	State of Idaho	ILLDIKIN		No. 200
1. PLACE OF STILLBIRTHEB 2 OF VIII	2. USU a. STA	L RESIDENCE O	F MOTHER (Where	does mother live?)
b. CITY (If outside corporate limits, while RURAL and give tow OR TOWN MOSCOW	nahip) c. CITY OR TOW	(If outside corporate limit		
c. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION Gritman Hospital		ET (If rural,	st A. St.	
3. CHILD'S NAME ((Type or Print)  Baby  Mil	er			
4. SEX 5a. THIS BIRTH	5b. IF TWIN OR TR		6. DATE OF (Mont	
Male   single	b. (Middle)	c. (I	Last)	8. COLOR OR RACE
<u>Kei th</u>			ller	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or for State or for St. Anthon:		al occupation Lanic		business or industry obile Shop
12. MOTHER'S a. (First) MAIDEN NAME Marion	b. (Middle)	c. (1 Joh	ust)	13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or fo	oreign country) 16. CHILI	REN PREVIOUSLY BOF	N TO THIS MOTHER (	Do NOT include this child)
18 YEARS Troy, Idaho	a. How dren are	many chil- now living? b. How in born alive	many children were e but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Mrs. George Miller		)	5 <b>0</b>	pregnancy)?
	as a standard serologi pproximate date	cal test for syphi	ilis performed?	Yes No No V36, 2
	ration very earl	y in labor.		-
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LA	BOR 22. STATI	ALL OPERATIONS FO	R DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	laarm	pecify if M. D., midwife		23b. DATE SIGNED 2/18/52
on the date stated above at $9.30 A m$ .	SS If NOT attended by physician	Ž4. SIGNATURE OF A	AUTHORIZED OFFICIAI	L TITLE
TION, REMOVAL (Specify)	NAME OF CEMETERY OR CREM	1	ATION (City, town, or	county) (State) Idaho
Burial 2-11-1952  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. REG.	Moscow Cemetery 26. Fune	RAL DIRECTOR		DRESS
2/16/23 (Xpx) 6. U	reer   1/	K Short	Moscow,	TUSHO

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PHS-797(VS) 1-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE		-	Standard Certificate OF STILLBIF f Idaho	-	Local Reg	No	<u>039</u> .
1. PLACE OF STILLBIR a. COUNTY Latah	TH,	<i>&amp; □ □ 72</i> □ <b>○</b> □	2. USUAL RESID	ENCE OF MO		does mother live? Latah	)
b. CITY (If outside corporate ling OR TOWN MOSCOW	nite, write RURAL and g	ive township)	c. CiTY (If outside or		· · · · · · · · · · · · · · · · · · ·		
c. FULL NAME OF (If not in h HOSPITAL OR	nan Hospita	_	d. STREET	(If rural, give lo	ocation) nta Driv	<b>e</b>	
3. CHILD'S NAME. [(Type or Print)	Baby Girl	Gurevi tch					
4. SEX 5a. THIS E	BIRTH		TWIN OR TRIPLET (This c	hild born) 6. DA'	TE OF (Mont		(Year) 1952
7. FATHER'S	a. (First)	b. (Mid		c. (Last)		8. COLOR OR	RACE
	Mark			Gurevito		White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (St.	ate or foreign country)	Teacher	TION	Univer	BUSINESS OR	INDUSTRY
2. MOTHER'S	a. (First)	b. (Mid	dle)	c. (Last)	-	13. COLOR OF	RACE
MAIDEN NAME	Ruth			Zipin		White	ł
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO		THIS MOTHER (	Do NOT include	e this child)
30 YEARS	Californ	ia	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many children were (born dead after	OTHER
Mark Gurevi	tch		2		0	pregnancy)?	a 20 woeks
18a. LENGTH OF PREGNANCY NANCY 7	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate de	serological test tate 7/27/5	or syphilis r	performed?	Yes. X	No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	The ambolica	l core encir	cled the	baby's	neck twi	de and
	was short	er then usual	. and caused	strangula	ation of	the bab	y about
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	uses two days	before deliv	ery.			
21. STATE ANY COMPLICATION			22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
I hereby certify that I attended the birth of this child who was born dead		T'S SIGNATURE	aarin ?	O., midwife, or ot		23b. DATE SIG	2-52
on the date stated above	23c. ATTENDANT'S	<i>V</i> ,	If NOT 24. SIGNA attended by	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 3120 a. m.		aho	physician				
TION, REMOVAL (Specify)	DATE 20-1952	25c. NAME OF CEMETER MOSCOW Ceme		25d. LOCATION	(City, town, or	county)	(State) Idaho
	ISTRAR'S SIGNATURI		26. FUNERAL DIRECT			DDRESS	
2/26/53 REG.	ais) &	angel	IRSa	aX_		w, Idaho	)
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PHS-797(VS)		(1949 Revision of	Standard Certificate	e)	State File	No	10
FEDERAL SECURITY AGEN	NCY	ERTIFICATE	OF STILLBIR	RTH	Local Reg		7
PUBLIC HEALTH SERVICE	R	CEIVE State of	Idebe			No. 24	0
						_	
1. PLACE OF STILLBIR	TH DIVIS	<del>R 2 4 1952</del>	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY Latah	PIAISI	ON OF VITAL	a. STATE Idah	^	b. COUNTY	Latah	
b. CiTY (If outside corporate li	mits, write RURAL and	A LAST	c. CITY (If outside of		DIIDAL and oles		
OR		•	II OR		TO ALLE MAN BIVE	, vo # 115111 p/	
THURST C							
c. FULL NAME OF (If not in ) HOSPITAL OR	hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give loc	ation)		
INSTITUTION David	son Nursin	z Home	1				
3. CHILD'S NAME							
(Type or Print)	ant Burns						
4. SEX 5a. THIS I		l Sh JE Y	WIN OR TRIPLET (This o	bild born) 6. DAT	E OE /Man	th) (Dear)	(77)
					I RIRTH		(Year)
Male   single		TRIPLET 1ST		3RD	F'⊕ī	b. 11, 19	
7. FATHER'S NAME	a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OR I	RACE
	George	R	ichard	Burns		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (St		11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
26 YEARS	Garden City	r. Mos	Well drille	,			
12 MOTHER'S	a. (First)	b. (Mide		c. (Last)	<del></del>	13. COLOR OR	DACE
MAIDEN NAME		•	·				MAGE
	Bobbiejo	Est	elle	Kirkha		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (St		16. CHILDREN PREVIO				
24 YEARS	Los Angele	s, Calif.	a. How many chil- dren are now living?	b. How many of born alive but ar	children were e now dead?	c. How many children were	OTHER stillborn
17. INFORMANT						(born dead after pregnancy)?	20 weeks
Mrs. G. R. Burr	3.98	Mother	1	0		O O	
18a, LENGTH OF PREG-   18b.	THE AT BURTH	19 Was a standard	gamala minal dand d	lan arabilia a			•
NANCY	or weight	was a standard	te August, 1	or sypnins pe	eriormed?		To
39 WEEKS	LBS. // OZS.	Approximate da	L August, 1	<u> 201                                   </u>	<del>-</del>	y:	39.6
CAUSE OF STILLBIRTH	ZUA. FETAL CAUSES					,	
State only morbid conditions	Unknown						
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES					
Frematurity, Aspnykia, etc.)	Unknown						
21. STATE ANY COMPLICATION		ND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	VERY		
21. STATE ANY COMPLICATION Mild toxemia las	st three we	eks, dead one	nA.				
month.		<u> </u>	none				
I hereby certify that I attended the birth of this	238. ATTENDAN	T'S SIGNATURE	(Specify if M. )	D., midwife, or other	BIT)	23b. DATE SIGN	IED
child who was born dead		Dallen	stenses	v mi	$\mathcal{O}$ .	May 1	4195
on the date stated above	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHOR	IZED OFFICIA	L ,	TITLE
at 6:00 a. m.	Kendrick.	Idaho	physician				
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Specify)	17/50	none					
DATE, REC'D, BY LOCAL REG	ISTRAR'S SIGNATURI	·	OC CUNEDAL DISECT	·^		DRESS	<del></del>
DATE REC'D BY LOCAL REG	ISTRAK S SIGNATURI		26. FUNERAL DIRECT		_	UKESS	
5/17/152, 0	acs 6.	angel	<u> </u>				



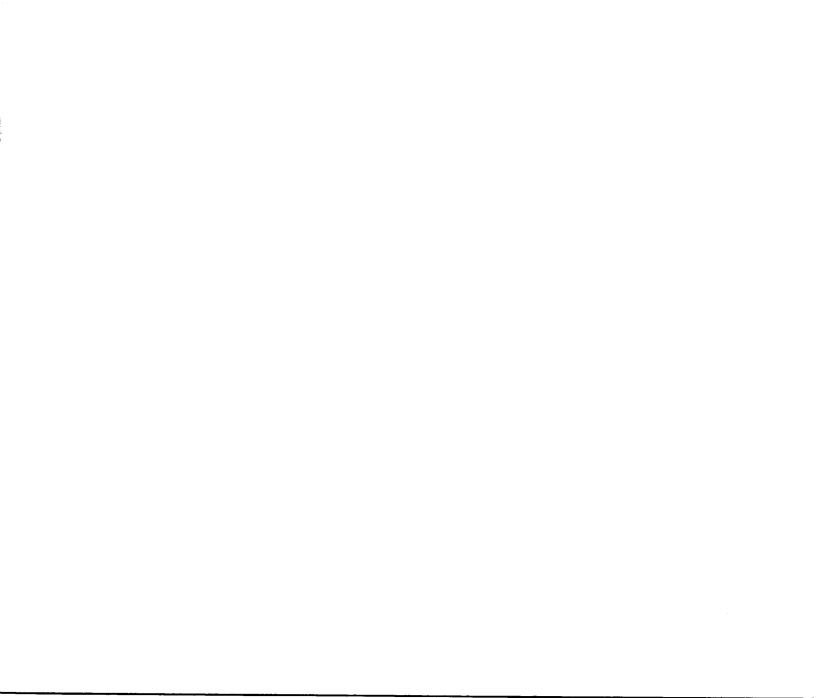
PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	ICY	CERTIFICATE	Standard Certificate OF STILLBIF Idaho		z. No. 620
1. PLACE OF STILLBIR a. COUNTY Len		12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. USUAL RESID	ENCE OF MOTHER (When	emni
b. CITY (If outside corporate line OR Salmon		give township)	ll OR	rporate limits, write RURAL and giv	e township)
c. FULL NAME OF (If not in I HOSPITAL OR Stee INSTITUTION	hospital or institution, given le Memori	e street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Baby Gir	·l McFarlan	đ		
4. SEX 5a. THIS I		TRIPLET 1ST	TWIN OR TRIPLET (This o	hild born)   6. DATE OF (Moi STILLBIRTH Fe t	th) (Day) (Year) 10. 28, 1952
7. FATHER'S NAME	a. (First)	b. (Mid Mit c	dle) hell	c. (Last) Mc Failand	8. color or race   White
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Mid July	•	c. (Last) Raburn	White
14. AGE (At time of this birth)  2 2 YEARS  17. INFORMANT	15. BIRTHPLACE (Se	ate or foreign country)	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 2 5 WEEKS 4	WEIGHT AT BIRTH LBS. 4 OZS.	<sup>19</sup> Was a standard Approximate de	serological test i	or syphilis performed?	Yes. No. No. No. No. No. No. No. No. No. No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES  20b. MATERNAL CA  OCULE 1-4	Unknown USES	- on		
21. STATE ANY COMPLICATION	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY ,	-
I hereby certify that I attended the birth of this child who was born dead on the date stated above		T'S SIGNATURE  e N C Cur	(Specify if M. I	O., (caldwife, or other)  TURE OF AUTHORIZED OFFICE	23b. DATE SIGNED  3 - 4 - 5 2
at 15.32 A m.	Solmon	Idu	attended by physician		
TION, REMOVAL (Specify)  Burial  3-1	<b>DATE</b> L-52	25c. NAME OF CEMETER Salmon		Salmon, Idah	0
3-12-52 P	istbar's signature	Sohuson	26 HUNERAL DIRECT	or C. Jones	DDRESS Salmon, Idaho
· · · · · · · · · · · · · · · · · · ·	1	(/	,	- /	

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PHS-797(VS) 4-48		DECE	£1949 Revision of	Standard Certificat	e)	State File	No	042
FEDERAL SECURIT	TY AGEN	NCY FEE	CERTIFICATE	OF STILLBIR	RTH	Local Reg	. No	
TOBLIC HEALTH SEA	VICE	FEBIX	1952	f Idaho		Reg. Dist.	No	***********
I. PLACE OF ST	III BIR	DIVISION C	VITAL TO	2. USUAL RESID	ENGE OF M			
a. COUNTY POT	wer	STATE:	STIC.		daho	b. COUNTY	does mother live Bingha	
b. CITY (If outside o	orporate li	mits, write RURAL and	give township)	c. CITY (If outside of	prporate limits, write	RURAL and give		
Town Amer		n Falls	Idaho	town Ab∈	rdeen		laho	
c. FULL NAME OF HOSPITAL OR INSTITUTION		nospital or institution, given in the management of the management	ve street address or location) Onial Hospi	d. STREET ADDRESS	(If rural, give lo	ecation)		
3. CHILD'S NAM	ΙĒ					· · · · · · · · · · · · · · · · · · ·	<del></del>	
((Type or Print)		FLOYD	UNDERWOO	T)				
4. SEX 5	ia. THIS I			TWIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE		TRIPLET 1ST		3RD STI	швіктн (Мол Г⊙}		1952
7. FATHER'S		a. (First)	b. (Mid		c. (Last)		8. COLOR OR	
NAME		ROBERT	FLOY	Ď.	UNDER	MOD	Whit	io.
9. AGE (At time of this	birth)	10. BIRTHPLACE (St	tate or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
27	YEARS	Aberdee	n Idaho	Farmer		Far	רדי	
12. MOTHER'S		a. (First)	b. (Mid		c. (Last)		13. COLOR OF	RACE
MAIDEN NAME		AIDERY	Λ.T/\	гы Д	JENK	ENS	Whit	e
14. AGE (At time of this	birth)		tate or foreign country)	16. CHILDREN PREVIO			<u> </u>	
24	YEARS	<u> Victor</u>	<u>Idaho</u>	a. How many chil- dren are now living?	b. How many born alive but a		c. How many children were	OTHER
17. INFORMANT	. /		0 4 4				(born dead after pregnancy)?	ar 20 weeks
120	W.F.	Millen	Too abenda	4 -				
18a. LENGTH OF PREC		WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis p	erformed?	Yes	No
- Manual A		LBS. OZS.	Approximate da	ate Noven	Nes 19	75/	V3	9.5
CAUSE OF STILLE		20a. FETAL CAUSES	1-1	r 1	6	·//	7	
State only morbid con causing fetal death (de	nditions lo NOT	Tru	naturely	, 32-6,	m.			
causing fetal death (duse such terms as St Prematurity, Asphyxia	illbirth,	20b. MATERNAL CA	JUSES					
	, ,	lon	l "	_				
21. STATE ANY COMPL	LICATION	IS OF PREGNANCY A	IND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
Hyper	lens	ion 211	KL.	100	re			
I hereby certify		23a. ATTENDAN	IT'S SIGNATURE	(Specify if M. I	., midwife, or oth	ner)	23b. DATE SIG	NED
attended the birth of child who was born		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L. Har	ms m.	<i>)</i>	4	Tel.	11,1952
on the date stated		23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	L	TITLE
at	m.	Aberdeen	Idaho	attended by physician				
25a. BURIAL, CREMA TION, REMOVAL (Specify	A- 25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
	JU	13-1952		Cemetery	afend	en d	lek	ZA18-50
DATE REC'D BY LOCA		TRAR'S SIGNATURE	₹	26. FUNERAL DIRECT	8.	AD	DRESS	0
Feb 12-195	Call	rene D	eline	1 Kroch	Tan	0 (	Tues .	Falls
		,,,,	<i>F</i>	1				
			#					

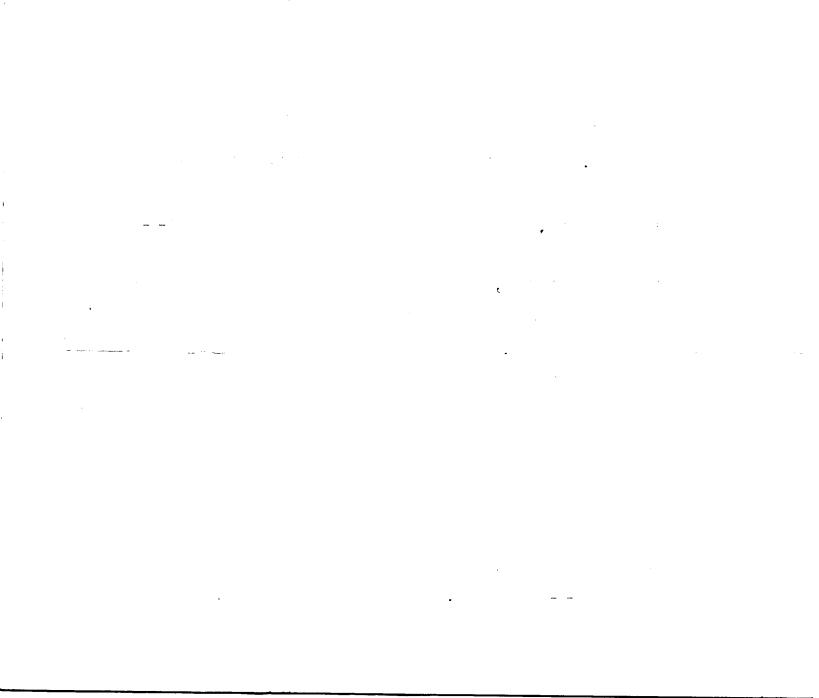
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PHS-797(VS)	_	ro 21 195	2 (1949 Revision of	Standard Certificat	۵۱	Cidada INI.	NT-	- 013
4-48 FEDERAL SECUF			CERTIFICATE			State File Local Reg		6
PUBLIC HEALTH SE	EŖVICE		State of		XIII	Reg. Dist.	,	. <b>3</b> : 0
			Sidle O					
1. PLACE OF S a. COUNTY	TILLBI	IRTH		2. USUAL RESID	ENCE OF MO		does mother	live?)
<u></u>		Eton		a. SIAIE	daho	b. COUNTY	TX	ton
b. CITY (If outsid OR	le corporate	limita, write RURAL and	i give township)	c. CITY (If outside of	orporate limite, write	RURAL and give	township)	
TÖWN	<i>D</i>	Riggs		TOWN	~_ *	toni	1.	
c. FULL NAME C	F (If not i	in hospital or institution,	rive street address or location)	d. STREET	(If rural, give loc		<u> </u>	
HOSPITAL OR INSTITUTION	TE	ton Valle	V HASDITAL	ADDRESS	R	F n #	<i>4</i> /	
3. CHILD'S NA	ME		<del>                                     </del>	<u>"</u>			<del></del>	
(Type or Princ	t)							
4. SEX	5a THIS	S BIRTH	I Sh IET	WIN OR TRIPLET (This	LOS LE DATE	F 05 (34		
_ /i	1			7 —	shild born) 6. DATI	E OF (Mont LBIRTH	th) (Day	y) (Year)
Malt 7. FATHER'S	SINGLE	a. (First)	TRIPLET   1ST	2ND	3RD L	E	3 b. 15	5 195 d
NAME		· ',	b. (Midd	ile)	c. (Last)		8. COLOR	OR RACE
		NEI/SJ	ENSE L	EROY	Han	€ E N	и	Uhitz
9. AGE (At time of the	hie birth)	10. BIRTHPLACE (	State or foreign country)	11a. USBAL OCCUPAT	TION	11b. KIND OF	BUSINESS (	OR INDUSTRY
43	YEARS	SCachE	Ida.	FARM	ina			
2. MOTHER'S MAIDEN		a. (First)	b. (Midd	le)	(c. (Last)		13. COLOR	OR RACE
NAME		Hazz	1 7/	len	LEM	1 11	11	16-Le
4. AGE (At time of the	his birth)	15. BIRTHPLACE (	State or foreign country)	16. CHILDREN PREVI		·····	Do NOT inc	lude this child)
32	YEARS			a. How many chil-	b. How many c	hildren were	c. How m	ADV OTHER
7. INFORMAN		7	. /	dren are now living?	born alive but are	now dead?	children w	vere stillborn after 20 weeks
Alien ()		· La Pa	JOH	<b>ラ</b>		)	pregnancy)	7
8a. LENGTH OF PR	MAL	b. WEIGHT AT BIRTH	1 vausin					<u> </u>
_ A NA	NCY	4 0/	<sup>19</sup> Was a standard	serological test i	or syphilis pe	rformed?	Yes	No
3 6 WEEKS	<u> </u>	LBS. S OZS.	Approximate da	te			V	36.2
CAUSE OF STIL			S				/	
tate only morbid ausing fetal death	conditions (do NOT							
ausing fetal death ise such terms as rematurity, Asphy:	Stillbirth	, 20b. MATERNAL-C	MISES /	20 1				
		1 W	nistro ()	lacento	u			
1. STATE ANY COM	MPLICATIO	ONS OF PREGNANCY	AND LABOR		ATIONS FOR DELI	VER <u>Y</u>		
Celonis	6à (	Plana L		Coons	reau	Seex	<u></u>	
I hereby certif	y that I	23a. ATTENDA	NT'S SIGNATURE	(Specify if M I	O., midwife, or other		23b. DATE	SIGNED
ttended the birti	h of this	1 ////	1 5 Clas	ris no	<b>(</b> )	-′		
hild who was be n the date state			ADDRESS	If NOT   24. SIGNA	TURE OF AUTHOR	IZED OFFICIAL		16 - 5-2 TITLE
n ine wate state .1		D		attended by	IURE OF AUTHOR	IZED OFFICIAL	-	11111
So DUDIAL COC	<i>m</i> .	I SKOLLING	Malis -	physician				
5a. BURIAL, CREI ION, REMOVAL (8pe	m A-   Z5t edfy)	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	City, town, or	county)	(State)
	!		<u> </u>					
ATE REC'D BY LO	CAL RE	GISTRAR'S SIGNATU	RE	26. FUNERAL DIRECT	OR	AD	DRESS	
til 9-	371	Stella &	riggs					
•		-	UT					

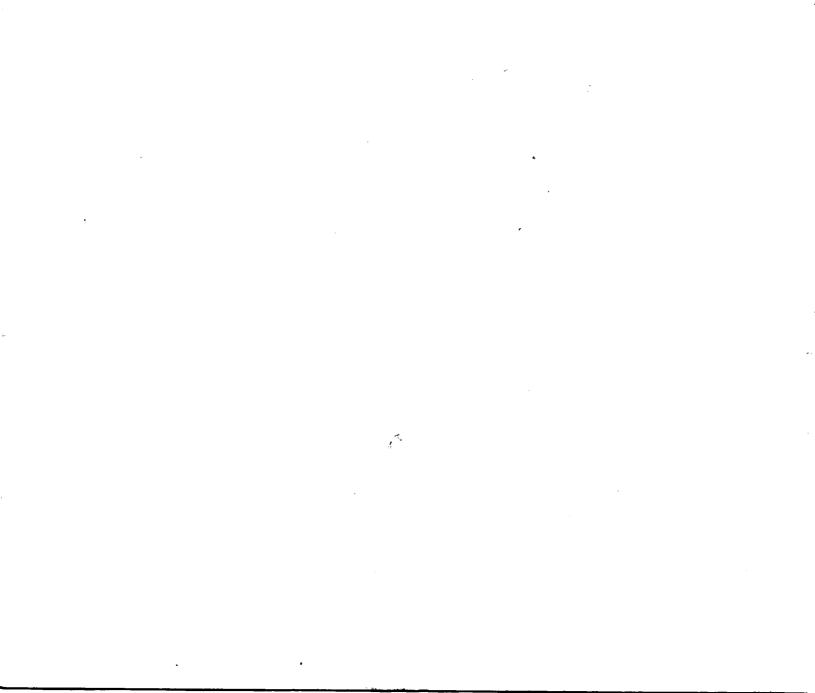


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PHS-797(VS) 4-48			Standard Certificate	, , , , , , , , , , , , , , , , , , , ,	e File No
FEDERAL SECURITY PUBLIC HEALTH SERVIC	AGENCEIVEC	ERTIFICATE			l Reg. No.
	FER 1 5 1952	State of	Idaho	Reg.	Dist. No 76.0
1. PLACE OF STIL	WENTED OF VI	TAL		ENCE OF MOTHER	
			a. STATE Idal	10 b. cou	Jerome
	orate limits, write RURAL and given Falls	re township)	u uk T	orporate limite, write RURAL	and give township)
			TOWN Je	rome	
INSTITUTION T	not in hospital or institution, give Win Falls Co	Hospital	d. STREET ADDRESS	600 7th Av	West
3. CHILD'S NAME ((Type or Print)	RICKY	PP	Shurtz		
4. SEX 5a.	THIS BIRTH	.5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF	(Month) (Day) (Year)
Male si	NGLE X TWIN	TRIPLET 1ST	2ND	3RD 5. DATE OF STILLBIRTH	Feb 8 1952
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)	8. COLOR OR RACE
	Arnold	Fran	icis S	Shurtz	White
9. AGE (At time of this bir 27	EARS 10. BIRTHPLACE (Star		Laborer	TON 11b. KI	ND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	ile)	c. (Last)	13. COLOR OR RACE
NAME	Edna	Elizabe	th	Blunt	White
14. AGE (At time of this bir		e or foreign country)			THER (Do NOT include this child)
26 <sub>Y</sub>	EARS Jerome,	ldaho	a. How many chil- dren are now living?	b. How many children born alive but are now de	were c. How many OTHER ead? children were stillborn
7. INFORMANT	1+01 4			_	(born dead after 20 weeks pregnancy)?
anno	1 Shore		1	1	1
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis perform	ned? Yes No
WEEKS	LBS. OZS.	Approximate da	te		V39.2
CAUSE OF STILLBIR					/
State only morbid condi- causing fetal death (do l use such terms as Stilli	NOT			·	
Prematurity, Asphyxia, e	oirth, 20b. MATERNAL CAU	Negativ	i Fact	tora	
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY AN	: 77	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	no		Cal	sasean	Seclean
I hereby certify the	at I 23a. ATTENDANT	'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
ittended the birth of child who was born o	lead	per	m D -		12.7.56.
on the date stated a ut 7 P n	bove 23c. ATTENDANT'S AL	Tall Ldebr	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OF	FFICIAL TITLE
5a. BURIAL, CREMA- ION, REMOVAL (Specify)	1 1	5c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, to	wn, or county) (State)
Burial	Feb 11.1952	Jerome		Jeron	me Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR . A	ADDRESS
ALG.			Yor Z	ley	Jerome, Idaho
			//	7	
				· · · · · · · · · · · · · · · · · · ·	

POBLIC HEALTH SERVIC	DIVISION OF VIT	ERTIFICATE (			State File Local Reg. Reg. Dist.	No. 13.2 No. 370	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. PLACE OF STILL a. COUNTY	LBIR <b>HIATISTIC</b>		2. USUAL RESID				t)
	-	Ada	a. STATE Ida	the	b. COUNTY	Ada	
b. CITY (If outside corp OR TOWN Boi	orate limits, write RURAL and gives	re vownship)	c. CITY (If outside co	rporate limits, write I D <b>ise</b>	RURAL and give	township)	
HOSPITAL OR	not in hospital or institution, give		d. STREET ADDRESS 173	(If rural, give loss LO Manitou			
3. CHILD'S NAME							
(Type or Print)			Ro	bertson			
4. SEX 5a.	THIS BIRTH	,5b. IF T	WIN OR TRIPLET (This of	hild born) 6. DATE	OF (Mont	h) (Day)	(Year)
Male si	NGLE X TWIN	TRIPLET 1ST	2ND	3RD STILL	3 <b>-</b> 7	<del>-</del> 52	
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Jack	Quincy	Rol	pertson		White	
9. AGE (At time of this bir	th) 10. BIRTHPLACE (Statement of the later) 10		11a. USUAL OCCUPAT Photographer	· ·	11b. KIND OF Austin	Fox Stu	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)		13. COLOR O	RACE
NAME	Zetta	Marie		lilby		White	
14. AGE (At time of this bir	th) 15. BIRTHPLACE (Star	e or foreign country)	16. CHILDREN PREVIO				
17. INFORMANT	EARS   Jerome, Id.	aho	a. How many chil- dren are now living?	b. How many c born alive but are	hildren were now dead?	c. How many children were (born dead aft pregnancy)?	stillborn
. Zetta :	r. Robertson	(Mother)	2	0		O	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 5 OZS.	<sup>19</sup> Was a standard Approximate dat	serological test f	or syphilis pe	erformed?	Yes.X	No
CAUSE OF STILLBIR State only morbid condi- causing fetal death (do luse such terms as Stilli Prematurity, Asphyxia, e	tions NOT birth, 20b. MAPERNAL GAU	Tuoy	rutur	· Sec	uaten	re don	bor
21. STATE ANY COMPLIC	CATIONS OF PREGNANCY AN	LABOR	22. STATE AND OPER	TIONS FOR DELIV	VERY		
I hereby certify th attended the birth of child who was born o on the date stated a	this lead bove 23c. ALIENDANT'S A	DORESS	IPNOT 24. SIGNAT	O., midwife, or other	us	23b. DATE \$10 2 / 2 / UU -	TITLE
at		daho   55c. NAME OF CEMETERY St. Lukes Ho		25d. LOCATION (		county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	Palmer	26. FUNERAL DIRECTI			DRESS Horfu	<u>t.</u> ]



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PHS-797(VS) 4-48			Standard Certificate		State File	
FEDERAL SECURITY AGENC PUBLIC HEALTH SERVICE	A BECEDERI	IFICATE	OF STILLBIR	RTH		No
	2 0 1952	State of	Idaho		Reg. Dist.	No. 370
1. PLACE OF STILLBIRT	HUVILION OF V	TAL	2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY Ada	MARIETIC	٠	a. STATE	daho	b. COUNTY	Ada ′
b. CITY (If outside corporate limit	s, write RURAL and give townsl	nip)	C. CITY (If outside co		RURAL and give	township)
TOWN Boise			-2	ise		
C. FULL NAME OF (If not in hos	pital or institution, give street ad	dress or location)	d. STREET ADDRESS	(If rural, give loc	ation)	
HOSPITAL OR INSTITUTION	St. Lukes		170	l Divis:	Lon Ave	
3. CHILD'S NAME						
((Type or Print)	Baby Boy McN	eil				
4. SEX 5a. THIS BIF	<b>Р</b> ТН	5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mont	h) (Day) (Year)
male single K	TWIN TRIPL	ET IST	2ND	3RD 3110		rch 10, 1952
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
	<b>Phomas</b>	Sm1	th	McNgil		White
9. AGE (At time of this birth)	O. BIRTHPLACE (State op TOT)	ign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
30 YEARS	Treston 7	dalio	Justurses	+ Juckan	ar	Aulding
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE
NAME Bever	<u>ly</u>	Jear	1	Jones		white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or fore	ign country)	16. CHILDREN PREVIO			Do NOT include this child)
17 YEARS	Boise, Idah	0	a. How many chil- dren are now living?	b. How many of born alive but ar	children were e now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT	Danon	• 1	/		1	(born dead after 20 weeks pregnancy)?
Thomas	M2/10	. L	NONE			
18a. LENGTH OF PREG- 18b. W	EIGHT AT BIRTH 19 Was	a standard	serological test f	or syphilis pe	erformed?	Yes. No
34 WEEKS	LBS. OZS. Ap	proximate da	te fau. S	152.		<u> </u>
CAUSE OF STILLBIRTH	0a. FETAL CAUSES		<b>(</b>	•		,
State only morbid conditions causing fetal death (do NOT				<u></u>	<u></u>	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Db. MATERNAL CAUSES	Presentaly	esperetu	my or	ndl,	, ederetie
	percerta	Next	rterion.	<u> </u>		
21. STATE ANY COMPLICATIONS			22. STATE ALL OPERA	1-1		
supertersion,	3rd trines	· •	·	uo		
I hereby certify that I   2 attended the birth of this	3a. ATTENDANT'S SI	GNATURE	(Specify if M. I	., mailwife, or oth	er)	23b. DATE SIGNED
child who was born dead  -	J'XXL	work	C, 11	<b>N</b> V	l	3.70
on the date stated above 2 at 7.37 m.	3c. ATTENDANT'S ADDRESS	. /	attended by	TURE OF AUTHOR	RIZED OFFICIAL	_ TINE
	Juliu, Ga	Mr.	physician			
25a, BURIAL, CREMA- 25b. D. TION, REMOVAL (Specify)	ATE 25c. NA	ME OF CEMETERY	OR CREMATORY	25#: LOCATION	(City, town, or	( ) -
Burial   3//	1/52 My	res Hell		Doug		Hali
DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE	, ,	26. PENERAL DIRECT	OR / K	AD.	DRESS
5-14-52 11	upul Tal	mest.	/ Juss Fll	14/18	4 ER	F.D. 29
	V		Relwas	(2	/ hame 3 4	8-412.
T DYNY 40000			Relyes No. 1			deho



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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

### CERTIFICATE OF STILLBIRTH

State of Idaho

		CEIVE	State of	16010			7
1. PLACE OF S a. COUNTY	a.Vlari	OF WITH	<b>L</b>	2. USUAL RES	Idaho	OTHER (Where b. COUNTY	e does mother live?) Ada
b. CITY (If outsit OR TOWN	Bo	PATILES Ind	give township)	c. CITY (If outside OR TOWN	Boise	to RURAL and give	e township)
c. FULL NAME ( HOSPITAL OF INSTITUTION	•	hospital or institution, gi	ve street address or location)	d. STREET ADDRESS 2	114 N. 9tl	n. St.	
3. CHILD'S NA ((Type or Prin		Linda He	ammack				
4. SEX <b>Female</b>	5a. THIS	BIRTH TWIN	TRIPLET 1ST	WIN OR TRIPLET (Th		TE OF (Mon	th) (Day) (Year) rch 13, 1952
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
I NAME		LeRoy	В.		Hamm	ack	White
9. AGE (At time of	this birth) YEARS	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUF Electrici		L	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		a. (First) <b>No rma</b> .	b. (Midd <b>Lee</b>	le)	c. (Last)		13. COLOR OR RACE
14. AGE (At time of	this birth)		tate or foreign country)	16. CHILDREN PRE	VIOUSLY BORN TO	THIS MOTHER (	(Do NOT include this child)
25 17. INEOTHAN	YEARS	Cape Fair	Missouri	a. How many chi dren are now living	b. How many born alive but	children were are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a PLENGTH OF WEEK	ANCY	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> .Was a standard Approximate da		for syphilis	performed?	Yes No. No. Y 39,5
CAUSE OF STII	conditions	20a. FETAL CAUSES	Pre	male	wity,	,	/
causing fetal death use such terms as Prematurity, Asph	Stillbirth, yxia, etc.)	20b. MATERNAL CA	LUSES				
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPE	ERATIONS FOR DE	LIVERY	<u></u>
I hereby certi attended the bir child who was b	th of this	23a, ATTENDAN	T'S SIGNATURE	Specify if M	D., midwife, or of	ther)	235 DATE SIGNED
on the date sta		23c. ATTENDAM	ADTORIESS The	If NOT 24. SIGI attended by physician	NATURE OF AUTHO	ORIZED OFFICIA	TITLE
25a. BURIAL, CRE TION, REMOVAL (8: Burial		DATE /14/52	25c. NAME OF CEMETER' Cloverdale	Y OR CREMATORY	1 -	(City, town, or , Idaho	county) (State)
3-14-52	OCAL REG	ESTRAR'S SIGNATUR	E Falmer	26. FUNERAL DIBE	Alden	_ Boise	odress e, Idaho
		/			McBratney	-Alden	

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	·			•
	-			
<u></u>				

## (1949 Revision of Standard Certificate)

# CERTIFICATE OF STILLBIRTH

State File No	045
Local Reg. No97	
Reg. Dist. No. 370.	

	PECEIVED	State of	Ισαπο	•	reg. Dist. 140	· . · · · · · · · · · · · · · · · · · ·
1. PLACE OF STILLE a. COUNTY	1 5 4 8 5 2		2. USUAL RESID a. STATE Ide			s mother live?)
	Oise SiC			rporate limits, write RU	RAL and give tow	nahip)
c. FULL NAME OF (If not HOSPITAL OR INSTITUTION <b>S</b>	t in hospital or institution, give	street address or location)	d. STREET ADDRESS 213	4 N. 9th.	Ŝt.	11
3. CHILD'S NAME ((Type or Print)	Lonnie Ha	ımmack				
Kale singi	IS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (Thise of	hild born) 6. DATE (STILLE	OF (Month)	13. 1952
7. FATHER'S NAME	a. (First) <b>LeRoy</b>		B.	c. (Last) Hammock		COLOR OR RACE
9. AGE (At time of this birth) YEAF	10. BIRTHPLACE (State		11a. USUAL OCCUPAT <b>Electrician</b>			SINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Norma	b. (Midd <b>Le</b>		c. (Last)		COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State	e or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THI	S MOTHER (Do	NOT include this child)
25 YEAR 17. INFORMANT	B. Ham	Missouri	a. How many children are now living?	b. How many chi born alive but are n	ow dead?   ch	How many OTHER sildren were stillborn orn dead after 20 weeks ognancy)?
VEEKS PREG- 1 WEEKS	8b. WEIGHT AT BIRTH   1 LBS. OZS.	<sup>9</sup> Was a standard Approximate date	serological test f	or syphilis peri	formed? Ye	V 39, 5
CAUSE OF STILLBIRT'S State only morbid condition causing fetal death (do NO use such terms as Stillbirt Prematurity, Asphyxia, etc.)	ns T b. 20b. MATERNAL CAUS		turity			
21. STATE ANY COMPLICAT	IONS OF PREGNANCY ANI	D LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVE	RY	
I hereby certify that attended the birth of the child who was born dea	is d	Zoan	(Specify if M. I	o., midwife, or other)	231	DATE SIGNED
on the data stated about at 6.40 Am.	De 23c. ATTENDANT'S ID	DORES La.	If NOT attended by physician	TURE OF AUTHORIZE	ED OFFICIAL	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	5b. DATE 2 3/14/52	5c. NAME OF CEMETERY  Cloverdal		25d. LOCATION (Ci Boise, Id		nty) (State)
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATURE	Palmer	26. FUNERAL DIRECTO	OR Coler	ADDRE Boise	ss , Idaho
	1			AcBratney-A	llden	

TO THE WALL TO SERVE THE PARTY OF THE PARTY The state of the s Total A Total aneli .este l'anc holse, lushe - debit-tentential

PHS-797(VS) 4-48	MECE!	1949 Revision of	Standard Certificate	e)		No.
FEDERAL SECURITY A PUBLIC HEALTH SERVICE	AGENCT	ANTOLIE IL ALLE		RTH !		No
,	MAR 26	F VITAL State of	Idaho	1	Reg. Dist.	No. 370
1. PLACE OF STILL	BIRTH	KTICS	2. USUAL RESID	ENCE OF MOT	HER (Where	does mother live?)
a. COUNTY	Ada		a. STATE Ida		. COUNTY	Owyhee
l OR	rate limits, write RURAL and	rive township)	c. CITY (If outside on	rporate limits, write RI	URAL and give	township)
	ise		TOWN Brun	0811		
HOSPITAL OR	not in hospital or institution, giv		d. STREET ADDRESS	(If rural, give locati	ion)	
3. CHILD'S NAME						
(Type or Print)	BONNIE	COLLERN	BLACK			
4. SEX 5a. 7	THIS BIRTH	.5b. IF T	WIN OR TRIPLET (This c	hild borm) 6. DATE	OF (Mont	h) (Day) (Year)
	IGLE E TWIN	TRIPLET   1ST		ard Marc		
7. FATHER'S NAME	a. (First)	b. (Midd	_	c. (Last)		8. COLOR OR RACE
		letcher		lack		White
9. AGE (At time of this birt			11a, USUAL OCCUPAT	ION 1		BUSINESS OR INDUSTRY
	.AKS   - 5 tale 5 tale	daho	Farming		Farm	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	_	c. (Last)		13. COLOR OR RACE
NAME	Erin	Frances	Pen	· · · · · · · · · · · · · · · · · · ·	IC MOTUED (	White
14. AGE (At time of this birt	_		a. How many chil-	b. How many ch	<del></del>	Do NOT include this child) c. How many OTHER
30 YE	ARS Bruneau	Idaho	dren are now living?	born alive but are	now dead?	children were stillborn (born dead after 20 weeks
X James F.	Black Bru	near do	None	None		pregnancy)?
18a. KENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard		or syphilis per	formed?	Yes No
40 WEEKS	7 LBS. OZS.	Approximate da	te Sept	.5/		V39,6
OAUSE OF STILLBIR State only morbid condit	tions	not Know	wn			/
causing fetal death (do Nuse such terms as Stillb	ITT. 20b. MATERNAL CA	USES , //				<del></del>
Prematurity, Asphyxia, et	(c.)	not Kno	ewn			
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A	IND LABOR	22. STATE ALL OPER	ATIONS FOR DELIV	ERY	
200	ne.			none	•	· · · · · · · · · · · · · · · · · · ·
I hereby certify the attended the birth of	~~	IT'S SIGNATURE	(Specify if M. I	o., midwife, or other	)	23b. DATE SIGNED
child who was born d	lead /	De Just	nunese	n		3-20-32
on the date stated al	bove 23c. ATTENDANT'S	ADDRESS	attended by	TURE OF AUTHORIZ	ZED OFFICIAL	L TITLE
at 1230ff m		, , , , , , , , , , , , , , , , , , , ,	physician	AF . 1004710		county) (State)
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETER		25d. LOCATION (C		eho
DATE REC'D BY LOCAL	Merch 16, 1952		26. FUNERAL DIRECT	Bruneau		DDESS
DATE REC D BY LOCAL REG.			I SO, EDITLEME DIRECT	V11	, AU	-·· <del></del>
12-25-52 I	Mintle	Talmer)	Thisa. 1	Bu Mon	ntain	Home Italio
3-23-52	Mythe	Talmer	Dayg. 1	n /2-	ntain	Home Dako

Due 707(40)			$\sim -0.5$ C.
4-40     Mark	Standard Certificate		
	OF STILLBIF		g. No. / 0 /
MAR 1 8 Mark of	Idaho	Reg. Dist	. No
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (Who	re dose mother live?
a. COUNTY Bannock	II a. STATE	b. COUNTY	
b. CiTY (If outside corporate limits, write RURAL and give township)		rporate limits, write RURAL and giv	Bannock
TOWN Pocatello. Idaho	OR TOWN	Pocatello, Idah	
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location)	<del></del>
HOSPITAL OR INSTITUTION Bannock Memorial Hospital	ADDRESS		0
3. CHILD'S NAME	1234	South 2nd, Apt.	<del>, #</del> 2
((Type or Print)			
Robert Neal Hanson, Jr			
	WIN OR TRIPLET (Thise	hild born) 6. DATE OF (Mor	nth) (Day) (Year)
Male   SINGLE X   TWIN   TRIPLET   1ST    7. FATHER'S 9. (First) b (Midd		3RD   1 3-5-52	
NAME	10)	c. (Last)	8. COLOR OR RACE
	al	Henson	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1	F BUSINESS OR INDUSTRY
20 YEARS McCammon, Idaho	warehouse n	an, Natl. Bisc.	Co.
12. MOTHER'S g/(Fight) b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME Lakeha Ma	y	Dr <b>đ</b> per	white
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
17 YEARS Pocatello, Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	aren are now inving.	DOLD STAR DOLD STR DOM GEST!	(born dead after 20 weeks
January Henson Mother	None	None	pregnancy)?
		or syphilis performed?	
40 WEEKS 7 LBS. 8 OZS. Approximate dat	e	or syphius performed:	VOQ
CAUSE OF STILLBIRTH   20a. FETAL CAUSES /	·		y 37.3
State only morbid conditions	10 00 . a	- unalle La	make heall
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	renum	out of the	
Prematurity, Asphyxia, etc.)	l	¥	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 STATE ALL OPEDA	TIONS FOR DELIVERY A	
,	Verseen	Eddard Land	I acked
I hereby certify that I   23a. ATTENDANT'S SYNATURE	(Specify if M. T)	., midwife, or other)	23b. DATE SIGNED
attended the birth of this	Will	.,	3-7-1952
on the date stated above 23cATTENDANT'S ADDRESS	If NOT   24, SIGNAT	URE OF AUTHORIZED OFFICIA	L TITLE
at m. facatello Desles	attended by physician	ONE OF ACTHONIZED OFFICIA	IL IIILE
25a. BURIAL, CREMA- TION, REMOVAL (Specific	OR CREMATORY	25d. LOGATION (City, town, or	county) (State)
Removal 1-5-52	40.41.41		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNEDAL DIRECTA		DDRESS A
3.11:65 REG. J Tan. 11		a/ 1/1"	ac of say A
- To a such a such as a such a such as a such a such as	yalle & fl	January Nat	T. KIRANE FOUNDARY
<i>U</i>		1 for	atella Adales.
	<del> </del>		-

### (1949 Revision of Standard Certificate)

### CERTIFICATE OF STILLBIRTH

State File No.
Local Reg. No.
Reg. Dist. No.

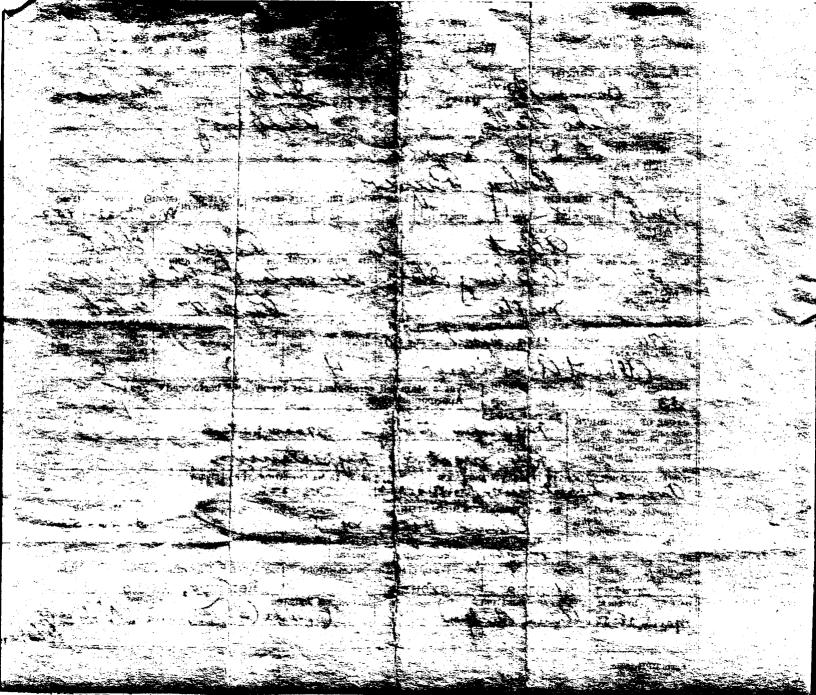
PUBLIC HEALTH SE	ERVICE.	MAR 31	1952	State of	Idaho		Reg. Dist.	No	30
1. PLACE OF S	TILLBIRTH				2. USUAL RESID	ENCE OF MO	OTHER (When	o does mother	live?)
a. COUNTY	Benewah				- CTATE	aho	<ul> <li>b. COUNTY</li> </ul>	wah	
b. CITY (If outside OR	le corporate limite,	write RURAL and	rive township)		c. CITY (If outside of	orporate limits, write	RURAL and give	township)	
TOWN	St. Mar	ies Rt.			UK	. Maries	Rt.		
		tal or institution, giv		or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NA	ME								
((Type or Print	t)	William	ת	ean T	elford				
4. SEX	5a. THIS BIRT		<u>D</u>		WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day	T) (Item)
Male	l <u>—</u>	. —	Г		7 (-)	ST!	LLBIRTH		y) (Year)
7. FATHER'S	SINGLE X	(First)	TRIPLET	b. (Midd		c. (Last)	Mar	ch 25,	1952
NAME	Rola			•	10)			8. COLOR	OR RACE
				G.	<del>, , , , , , , , , , , , , , , , , , , </del>	Telford	<del> </del>	Whit	
9. AGE (At time of the	4	BIRTHPLACE (St.			11a. USUAL OCCUPAT	FION	1		OR INDUSTRY
<u>40</u>		Conda, Wi	sconsi		Salesman		Bui]	.ding	Materi
12. MOTHER'S MAIDEN	a.	(First)		b. (Midd	le)	c. (Last)		13. COLOR	OR RACE
NAME	D	or <b>i</b> s		<u>Marie</u>		Hansen		Whi	.te
14. AGE (At time of the	his birth) 15.	BIRTHPLACE (8t	ate or foreign c	ountry)	16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER	(Do NOT inc	lude this child)
41		ummet.	S. Dake	ota	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How m	were stillborn
17. INFORMAN	Т							(born dead pregnancy	after 20 weeks
Mrs. R.	G Te	lford.	Mot	her	4	1		None	
18a. LENGTH OF PR	REG-   18b. WEI	GHT AT BIRTH	19 Was a	standard kimate da	serological test i		erformed?	Yes. A	No
37 WEEKS		BS. OZS.	Appro	KIIIIALE UA	e Augu	<u>st 1951</u>			y 34,2
CAUSE OF STIL	TRIKLH	. FETAL CAUSES	0. (	) ^				•	,
State only morbid causing fetal death use such terms as	conditions   (do NOT	<u> </u>	yra	<u>Can</u>	openia			· · · · · · · · · · · · · · · · · · ·	
use such terms as Prematurity, Asphy	Stillbirth, 20b	. MATERNAL CA	USES						
21. STATE ANY COM	MPLACATIONS O	F PREGNANCY A	NO LABOR		22. STATE ALL OPER	ATIONS FOR DEL	.IVERY		
1200	cd yo	eseula	Lum.		none				
I hereby certif	g	ATTENDAN	T'S SIGN	ATURE	(Specify if M. I	D., midwife, or ot	ner)	23b. DATE	SIGNED
attended the birt		3.a.	as	Ð	M D			3-2	6-52
child who was be on the date state	ed above 23c	. ATTENDANT'S	ADDRESS	1	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA		TITLE
at /0 1	Am.	St. Mar	ton T	daho	attended by physician				
25e. BURIAL. CRE	M A-   25b, DAT				OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Spe	ecify)	26-52		odlawn					
DATE REC'D BY LO		AR'S SIGNATUR		OGTAMD	26. FUNERAL DIRECT		Maries	Ida DRESS	no
	REG. REGIS	AL SIGNATUR	B	1	W. PUBLICAL DIRECT	1//			T.31.
0/26/52	1939	per 5	tel	oner	116.6.1	WELL	A ST.	<u>Maries</u>	, Idaho
•	v					-			

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		•	•	
		•	• . •	

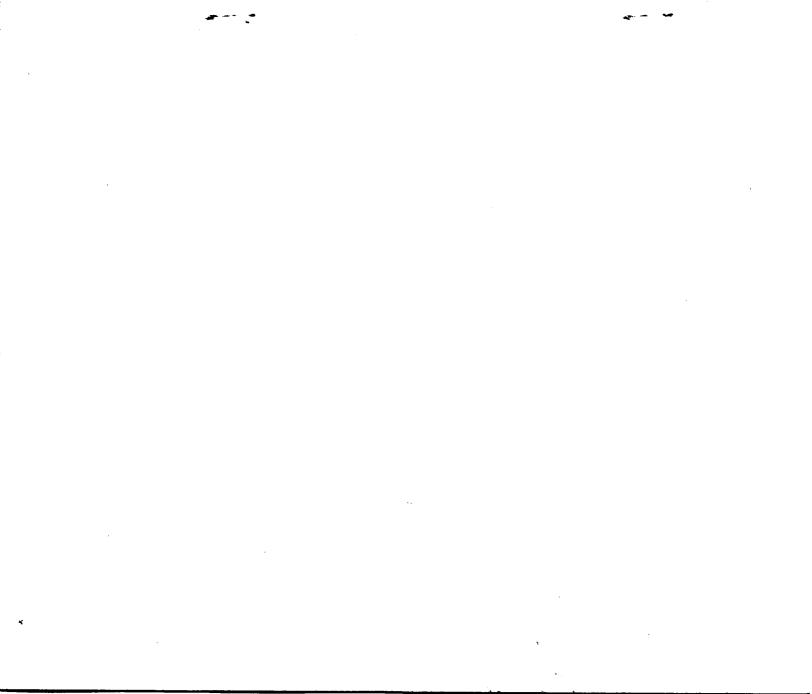
PHS-797(VS) 4-48  RECEIVE [1949 Revision of it	Standard Certificate)	State File No.
FEDERAL SECURITY AGENCY	JF SIILLBIRIH	Reg. Dist. No. G. O. A.
- MEION ST	ldaho	
a. COUNTY Bugham	2. USUAL RESIDENCE OF MO a. STATE LASA	b. COUNTY Sugher live?)
b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Stackfast	c. CITY (If outside corporate limits, write OR TOWN Black)	RURAL and give townships ast - Kural Rt #2
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (If rural, give to ADDRESS	estion)
3. CHILD'S NAME ((Type or Print) Infant Seri		
4. SEX   5a. THIS BIRTH   5b. IF TO    Male   SINGLE   TWIN   TRIPLET   1ST	VIN OR TRIPLET (This child born) 6. DAT STII	E OF (Month) (Day) (Year) LBIRTH Mu. 31, 1952
7. FATHER'S a. (First) b. (Middle NAME Theodore Curr		8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  2 4 YEARS Blackfast, Idaho	11a. USUAL OCCUPATION Saborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Midd MAIDEN NAME Swendalyn	e) c. (Last)	13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		THIS MOTHER (Do NOT include this child)
2/ YEARS Blackfast, Idiho	a. How many children are now living?  b. How many born alive but a	children were children were stillborn (born dead after 20 weeks
Theodore E. Sen	1 no	ne pregnancy)?
I Ammorrimento del	serological test for syphilis p	erformed? Yes No
20e FETAL CAUSES	<del>~</del>	y37.6
State only morbid conditions	mm	•
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ow	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DEL	IVERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. D., midwise, or oth	23b. DATE SIGNED.
child who was born dead on the date stated above	If NOT 24. SIGNATURE OF AUTHO	RIZED OFFICIAL TITLE
at m. Blackfool. Idoks	physician	
25a. BURIAL, CREMA- TION, REMOVAL (Breedity)  Leenation 3pt. 1, 1952 Bergham 10.		City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS ALL 4.14.
Mr.1-1953. VIJAWales E. Tolene	of Foward Vac	Man Hackfood, Wal

:			

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	(1949 Revision of RECEIVEDIE	RTH Local Reg Reg. Dist.	No. 5 No. 6/0	
a. COUNTY Bonnevell	DIVIDIO OF VITAL	2. USUAL RESID	ENCE OF MOTHER (Where	Madeson
- Tano 91 a	PAL angle to township)	c. CiTY (If outside 65 OR TOWN	sporate limits, write RURAL and give	township)
c. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	Augustal	d. STREET / ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)  Ba	by Pripe	مر		
4. SEX 5a. THIS BIRTH SINGLE IN TW	<i>[</i> -4] -4	WIN OR TRIPLET (Thise o	STILLBIRTH \	th) (Day) (Year) and 21-1952
7. FATHER'S 3. (First)	b. (Midd	ile)	c. (togst)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BLATHI	PLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KING OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (Mrst) MAIDEN NAME  NAME	ta b. (Midd	lle)	Jukett	13. COLOR OR PACE
14. AGE (At time of this birth) 15. BIRTH	PLACE (gray or foreign country)	a. How many children are now living?	DUSLY BORN TO THIS MOTHER (b. How many children were born alive but are now dead?	(Do NOT include this child)  c. How many OTHER children were stillborn
17. INFORMANT A.	Sieper	4	0	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREGNANCY  33 WEEKS LBS.	BIRTH   19 Was a standard Approximate da	serological test f	or syphilis performed?	Yes No. No. V 39. 2
CAUSE OF STILLBIRTH State only morbid conditions	CAUSES  Oropa Baby	- mas	sereted	/
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	RNAL CAUSES	Hyperte	neion	
21. STATE ANY COMPLICATIONS OF PREG	NANCY AND LABOR	22. SYATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATT attended the birth of this child who was born dead	ENDANT'S SIGNATURE	(Specify if M. I	D., midwife, or other)	23b. DATE SIGNED 3 - 26 - 52
on the date stated above at	NDANT'S ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Durial 3/2315	25c. NAME OF CEMETER Rexburg	Y OR CREMATORY	25d. LOCATION (City, town, or Rexburg, Id	county) (State)
DATE REC'D BY LOCAL RECISTRAR'S SI		26. FUNERAL DIRECT		DORESS Redung
	Ü .			Solah



	*	Berton Contract		*	054
4-48		· · ·	Revision of Standard Certific	,	
	DERAL SECURITY AGEI BLIC HEALTH SERVICE	VCY CERTIF	ICATE OF STILLB	IRTH Local Re	
		RECEIV	State of Idaho	Reg. Dist	No. 3.6.2
	PLACE OF STILLBIR	тн дог 2 1952	2. USUAL RES	IDENCE OF MOTHER (Whe	re does mother live?)
	Can	·	a. STATE	b. COUNTY	Camer.
b	OR (If outside corporate)	mite, write BURAL and sive township)	II UR	e corporate limits, write RURAL and gi	ve township)
<u>  </u>	TOWN asu		TOWN	2 amps.	
c	P. FULL NAME OF (If not if) HOSPITAL OR INSTITUTION	hospital or institution, give street address	or location) d. STREET ADDRESS 9	(If rurse five location)	a L.
3. 0	CHILD'S NAME ((Type or Print)	lean It	bt.		
4. 5	SEX 5a. THIS		5b. IF TWIN OR TRIPLET (Th	is child born) 6. DATE OF (Mo	nth) (Day) (Year)
	SINGLE	TWIN TRIPLET	IST 2ND	3RD STILLBIRTH	11 1952
7. 1	FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	NAME .	Max	$\mathcal{L}$	Stubb	1.
9. 7	AGE (At time of this birth)	10. BIRTHPLACE (State or foreign o	ountry) 11a. USUAL OCCUP	PATION 11b. KIND O	F BUSINESS OR INDUSTRY
	21 YEARS	Janey arka	Labor	سهد	
12. 1	MOTHER'S MAIDEN	(A. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	NAME	onto		Turn	1.
14. /	AGE (At time of this birth)	15. BIRTHPLACE (State or foreign of		VIOUSLY BORN TO THIS MOTHER	
	29 YEARS	7 with Gand	a. How many chi	ll- b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17.	INFORMANT	1 0 4 1			pregnancy)?
2	toep. / lea	to By M. n	. Yralky.		
18a.	NANCY	I A	standard serological test ximate date	for syphilis performed?	YesNo
1	WEEKS	LBS. OZS. Appro	Annace date.	2.1.0	y38.0
CA Stat	USE OF STILLBIRTH	ane	uca Se al a De a	water duath	at 69kas
Caus	te only morbid conditions sing fetal death (do NOT such terms as Stillbirth, maturity, Asphyxia, etc.)	20b. MATERNAL CAUSES	og week mo	mus pueme	
Pres	maturity, Asphyxia, etc.)	<b>-</b>			
21. 5	STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OP	ERATIONS FOR DELIVERY	
	h	one		horse	
	I hereby certify that I	23a. ATTENDANT'S SIGN	(Specify if M	f. D., midwife, or other)	23b. DATE SIGNED
atte	ended the birth of this ld who was born dead	WI	Trace	aw	3/20/52
	the date stated above	23c. ATTENDANT'S ADDRESS	If NOT   24. SIGI	NATURE OF AUTHORIZED OFFICE	AL TITLE
at .	m.		attended by physician		
25a.	N DEMOVAL (C. 11)	DATE 25c. NAME	OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, o	or county) (State)
R	IN, REMOVAL (Specity)	12/52 1 mit	Bowde Cent	1 orthe Como	ly Oneson
DA	E REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	26. FUNERAL DIR	CTOR A	IDDRESS
1	Breh 3/1952	Mrs fare	ech Gory	1. Walky	Manga Sodo
					` U
Fo	orm DPH-48020				



~~				0.5
PHS-797(VS)	(1949 Revision of	Standard Certificate)	State Fi	le No
4-48 FEDERAL SECURITY AGENCY	CERTIFICATE	OF STILLBIR	TH Local Re	eg. No
PUBLIC HEALTH SERVICE				t. No. 3621
	MAD 27 1050	Iddio		
1. PLACE OF STILLBIRTH	MAK & F 199Z		NCE OF MOTHER (W	
a. COUNTY Cany	VISIO, OF VITAL	a. STATE	b. COUNTY	
b. CITY (If outside corporate limits, write Rt	RAL and give township)	c. CITY (If outside corr	porate limits, write RURAL and s	dve township)
OR A		OR TOWN		
C. FULL NAME OF (If not to hospital or inst	Manada and and an an an an an an an an an an an an an	d. STREET	(If rural give location)	
HOSPITAL OR INSTITUTION	Area	ADDRESS	X # 3	mity an
3. CHILD'S NAME	0			7
((Type or Print)	1. Salds	e		
4. SEX 5a. THIS BIRTY	5b. IF T	WIN OR TRIPLET (This chi	ld born) 6, DATE OF (M.	onth) (Day) (Yes
		·	STILLBIRTH	
SINGLE TW			80 ∐   3	8. COLOR OR RACE
7. FATHER'S NAME a. (First)	b. (Midd	ие)	c. (Last)	8. COLOR OR RACE
- Frank	. پار	Sa	full	<i>M</i> .
9. AGE (At time of this birth) 10. BIRTH	PLACE State or foreign countries	11a. USUAL OCCUPATION	ON 11b. KIND	of Business or Indus
4 X YEARS 71	lbreska	arker	tes	
12, MOTHER'S a. (First)	b. (Midd	ile)	c. (Last)	13. COLOR OR RACE
MAIDEN NAME	Luiel		9	11
14. AGE (At time of this birth)   45. BIRTH			JSLY BORN TO THIS MOTHE	R (Do NOT include this c
21	O a man I	a. How many chil-	b. How many children wes	re   c. How many OTH
76 YEARS 17. INFORMANT	Negative -	dren are now living?	born alive but are now dead?	children were stillb
Hose Recado Bu	Hy 1 Haller	3		pregnancy)?
	BIRTH   19 Was a standard	serological test fo	r syphilis performed	? Yes No
NANCY WEEKS LBS.	OZS. Approximate da		1951	y 3
20e FETA	<del></del>	//	<del>                                     </del>	0 = 1 =
OAUSE OF STILLBIRTH State only morbid conditions	o ampres	deon 1	coid.	riliacile
causing fetal death (do NOT	CONAL CALICOS:		1	
use such terms as Stillbirth, Zub. MAII Prematurity, Asphyxia, etc.)	ERNAL CAUSES	21.1		
	, ==	, <del></del>		
21. STATE ANY COMPLICATIONS OF PREG	GNANCY AND LABOR	22. STATE ALL OPERAT		
			<u> </u>	
I hereby certify that I   23a. ATT	ENDANT'S SIGNATURE		, midwife, or other)	23b. DATE SIGNED
attended the birth of this	X 4100	well r	わく	13-17-5
on the date stated above 23c, ATTE	NDANT'S ADDRESS	II NOT   24. SIGNAT	URE OF AUTHORIZED OFFIC	CIAL TITLE
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	suba Ilak	attended by physician		
atm.   O   C	25c. NAME OF CEMETER	<del></del>	25d. LOCATION (City, town,	or county) (Stat
25a, BURIAL, CREMA- 25b, DATE TION REMOVAL (8) (4ty)	AND OF CEMETER	OR CREMATORY	EQ. LOCATION (City, 10WIL,	Oz volumy) (Stat
Dural 1 2-14	Tel Valoray	emetun	Danie	Jak.
DATE REC'D BY LOCAL REGISTRAR'S S	IGNATURE ( )	26. FUNERAL FIRECTO	R SINGU ~	ADDRESS
March 24 REG. 12 Mg	1 Janes Store	Reagant.	1. Malley	Manufar 5
in private du 1711 1 CP		- Jerry C	COMPANY	1
	V	<u> </u>		
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Form DPH-48020	Rodall		•	
	11 odasel	•		

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3-14- & Canary Commy Throng with

HS-797(VS) 4 -48 EDERAL SECURITY AGE UBLIC HEALTH SERIOTVIS	2RT 5 1969		RTH Local Re	e No
i. PLACE OF STILLBIR a. COUNTY Canyo	RTH	2. USUAL RESID a. STATE Ida	ENCE OF MOTHER (Who	edoes mother live?)
TOWN Nampa	inite, write RURAL and give township)  hospital or institution, give street address or location)  ritan Hospital	d. STREET ADDRESS	mpa Rt. #2 (If rural, give location)	ve township)
CHILD'S NAME	WARD THIEL	14.8	mpa, Rt.#2	
4. SEX   5a. THIS   Single	X TWIN TRIPLET 1ST	WIN OR TRIPLET (This c		nth) (Day) (Year) rch 28 1952
7. FATHER'S NAME	a. (First) b. (Midd		c. (Last) hiel	8. color or race White
9. AGE (At time of this birth)  32. YEARS	10. BIRTHPLACE (State or foreign country) Litchfield, Nebr.	11a. USUAL OCCUPAT	Ton 116. KIND O	
	a. (First) b. (Midd Myrtle (Tackett)		c. (Last) Tackett	White
4. AGE (At time of this birth)  30 YEARS 7. INFORMANT	15. BIRTHPLACE (State or foreign country)  Amby, Kentucky	a. How many children are now living?	b. How many children were born alive but are now dead?	<del></del>
Ba. LENGTH OF PREGNANCY NANCY LLEWEEKS	WEIGHT AT BIRTH 19 Was a standard LBS. OZS. Approximate da	serological test f	or syphilis performed?	Yes No V 36.0
CAUSE OF STILLBIRTH tate only morbid conditions ausing fetal death (do NOT see such terms as Stillbirth, rematurity, Asphyxia, etc.)	20a. FETAL CAUSES  20b. MATERNAL CAUSES MOCK  2 Whis previous		by lo	A about
1. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DECIVERY	
I hereby certify that I ttended the birth of this hild who was born dead	23a. ATTENDANT'S SIGNOURE	(Specify if M. I	o., midwife, or other)	23b. DATE SIGNED 4/3/52
n the date stated above	23c. ATTENDANT'S ADDRESS	attended by physician	TURE OF AUTHORIZED OFFICE	
TON, REMOVAL (Specify)  Burial A	DATE 25c. NAME OF CEMETER DY1 32 Cloverds ISTRAR'S SIGNATURE		7 /20 . 1 ( )	Tdaho  DDRESS Jampa, Idaho
7		Alsip Fu	neral/Chapel	

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PHS-797(VS) 4-48 FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	NCY REC	SERTIFICATION OF WILLIAM	n of a	Standard Certificate OF STILLBIF Idaho	e) RTH	State File Local Reg. Reg. Dist.	No2/	057 70
1. PLACE OF STILLBIR a. COUNTY Cassi	THE DIALETON	TICO		2. USUAL RESID	ENCE OF	MOTHER (Where b. COUNTY	does mother live?	
b. CITY (If outside corporate li OR TOWN Burl	еу				eclo	vrite RURAL and give	township)	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Cott			lion)	d. STREET ADDRESS	(If rural, giv	re location)		
3. CHILD'S NAME ((Type or Print)	BABY F	RIDING		4				
4. SEX 5a. THIS SINGLE			5. IF T	WIN OR TRIPLET (Thise of	hild born) 6.	DATE OF (Mont	h) (Day)	(Year) 1952
7. FATHER'S NAME	a. (First)	b.	(Midd	(6)	P' Last	3)	8. COLOR OR	<del></del>
9. AGE (At time of this birth)  2 YEARS	10. ARTHPLACE (St.	te or foreign country)	1	11a. USUAL OCCUPAT	1000	11b. KIND OF	BUSINESS OR I	NDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	•	(Midd	de)	c. (Last		13. COLOR OR	RACE
14. AGE (At time of this birth)  2 7 YEARS	15. BIRTHPLACE (86	Wyo.		16. CHILDREN PREVIO a. How many chil- dren are now living?	b. How man	THIS MOTHER (In the children were later now dead?	Do NOT include c. How many children were	OTHER
17. INFORMANT Mysl J. 1	Eigling.	0		none	non	u	(born dead after pregnancy)?	: 20 weeks
18a. LENGTH OF PREGNANCY WEEKS	LBS, OZS.	<sup>19</sup> Was a stand Approximat	lard e dat	serological test f	or syphilis	performed?	Yes1	9,5
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	retario		411-	mo.	gestali	4.	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAL	SES fund 7	72	carris	ر - لعه	#5.		
21. STATE ANY COMPLICATION	IS OF PREGNANCY AF	ND LABOR	-	22. STATE ALL OPERA	TIONS FOR I	DELIVERY		
I hereby certify that I attended the birth of this child who was born dead	23a. APPENDAN	T'S SIGNATUR	E	(Specify if M. D	o., midwife, or	other)	23b. DATE SIGN	NED い2
on the date stated above at m.	23c. ATTENDANT'S A	lly.		physician	TURE OF AUT	HORIZED OFFICIAL	<del></del>	TITLE
TION, REMOVAL (Specify)	DATE LO/52	25c. NAME OF CEM Cottage			25d. LOCATIO Burle	oy, Idaho	= "	(State)
Mar. 18 1962	STRAB'S SIGNATURE	ilson		Retta S.	Payne	ADI	DRESS Burley	Edo.
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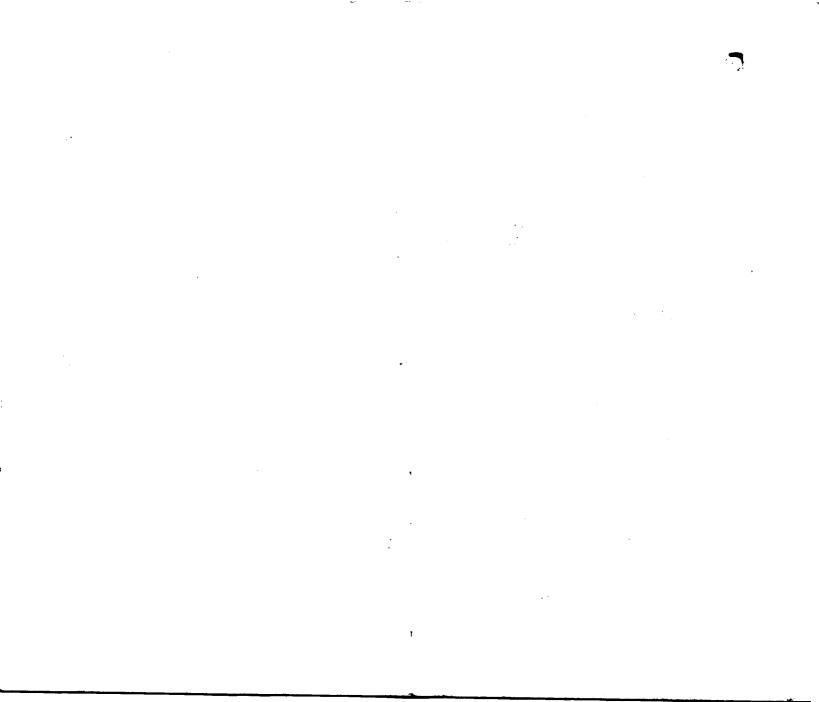
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	TE OF STILLBIRTH	ctate File No
1. PLACE OF STILLBIRTH BYSION OF VITAL a. COUNTY Gem STATISTICS	2. USUAL RESIDENCE OF MOTH	IER (Where does mother live?) COUNTY Gem
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett	c. CITY (If outside corporate limits, write RU OR TOWN Finmett	RAL and give township)
c. FULL NAME OF (If not in hospital or institution, give street address or locat HOSPITAL OR INSTITUTION Hary Secor Hosp.	d. STREET (If rural, give location)  ADDRESS 605 So COI	•
3. CHILD'S NAME ((Type or Print) Baby Rinard		
female single x Twin Triplet	b. IF TWIN OR TRIPLET (This child born) 6. DATE C STILLB	March 15,1952
7. FATHER'S a. (First) b. NAME	(Middle) c. (Last)	8. COLOR OR RACE
John Ezra	Rinard	white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	1	b. KIND OF BUSINESS OR INDUSTRY
29 YEARS Caldwell, Ida.	range examiner	conservation
12 MOTHER'S a. (First) b. MAIDEN MANE Mary Elizabe	(Middle) c. (Last) eth Lindsley	13. COLOR OR RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS	
28 YEARS Lebanon, Tenn,	a. How many chil- dren are now living? born alive but are n	
X John E. Quined - Fobb	ex 0 0	(born dead after 20 weeks pregnancy)?
18a ENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a stand	dard serological test for syphilis perfect that the symmetry of the symmetry o	ormed? Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	andsterme	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	e undeterme	nened
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVE	RY
I hereby certify that I attended the birth of this child who was born dead	(Specify M. D., midwife, or other)	D 23b. DATE SUMED 3
on the date stated above at m. 23c. ATTENDANT'S ADDRESS	If NOT attended by physician	D OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)   March 17, 1952   Rivers	etery or crematory   25d. location (Circle)   Emme t	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  MANY 18/953  LANG CRAFTLY  MANY 18/953	26. FUNERAL DIRECTOR Mensor	
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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVICE	AGENCY RECEIM	FIFICATE		RTH		No	
1. PLACE OF STILL a. COUNTY	BIRTH APR 3	TICS	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?	)/ ,
<i>_</i>	THIN BLAZI		/α,	<i>A</i>		Kemi	61
l OR	orate limite, write RURAL and give to	ownship)	c. CITY (If outside ed OR TOWN	Cobporate limits, write	RURAL and give	township)	
	not in hospital or institution, give stre	et address or location)	d. STREET	(If rural, give los	ation)		
HOSPITAL OR S	tople memor	rial	ADDRESS	(_			
3. CHILD'S NAME ((Type or Print)	Baby Gi:	rl Heisen					<del></del>
	THIS BIRTH		WIN OR TRIPLET (This	hild born) 6, DAT	E OF (Mont	h) (Day)	(Year)
		RIPLET 1ST		3RD 🔲	3	<u> 19</u>	52
7. FATHER'S NAME	a. (First) 6harles	b. (Midd	lle)	c. (Last)		8. COLOR OR	
				Heisen	<u> </u>	White	
9. AGE (At time of this birt 24 YE	b)   10. BIRTHPLACE (State or Flint, Wic		11a. USUAL OCCUPAT   Mill Oper			BUSINESS OR I	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR OR	RACE
NAME	atricia	Ann	Fort			White	
14. AGE (At time of this birt	- L		16. CHILDREN PREVIO				<u>-</u>
22 YE	EARS Flint, Mich	•	a. How many chil- dren are now living?	b. How many of born alive but ar	e now dead?	c. How many children were (born dead afte pregnancy)?	stillborn c 20 weeks
r Des	M. Winner		1	none		n "managan	one
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH   19.7	Was a standard Approximate da	serological test i te	or syphilis p	erformed?	Yes1	No
CAUSE OF STILLBIR State only morbid condi						/	
State only morbid condi- causing fetal death (do I use such terms as Stillb Prematurity, Asphyxia, et	irth, 205 MATERNAL CAUSES	line	Segara	tion	Pla	cent	
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY AND	ABOR Plan	2. STATE ALL OPER	ATIONS FOR DELI	VERY	ins	
I hereby certify the	at I 23a. ACCENDANT'S	SIGNATURE	(Specify if M.)	midwife, or oth	er)	23b. DATE SIG	NED
attended the birth of	this	Mux	hada	es m	(A)	3-26	<b>T</b>
child who was born of on the date stated—a	ove 23c. AFTENDANT'S ADDI	00	attended by	TURE OF AUTHOR	IZED OFFICIAL	L 7	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) DUPIAL	25b. DATE 25c.	NAME OF CEMETER	Dhysician OR CREMATORY	25d. LOCATION		county)	(State)
Burial	3-19-52  Sa	lmon		Salmon,	Idaho		
Mac-31-52	REGISTRAR'S SIGNATURE	nuson	26. FUNERAL DIRECT	OR (	) AD YOUI	DRESS	wi Ila
•							•



## PHS-797(VB) CENFO 4-48 FEDERAL SECURITY AGENCYTAL PUBLIC HEALTH SERVICE F 1. PLACE F a. COUNTY LEMIN 1

### (1949 Revision of Standard Certificate)

# CERTIFICATE OF STILLBIRTH

	0.61
State File No	
Local Reg. No Reg. Dist. No	690
Reg. Dist. No. 4	008

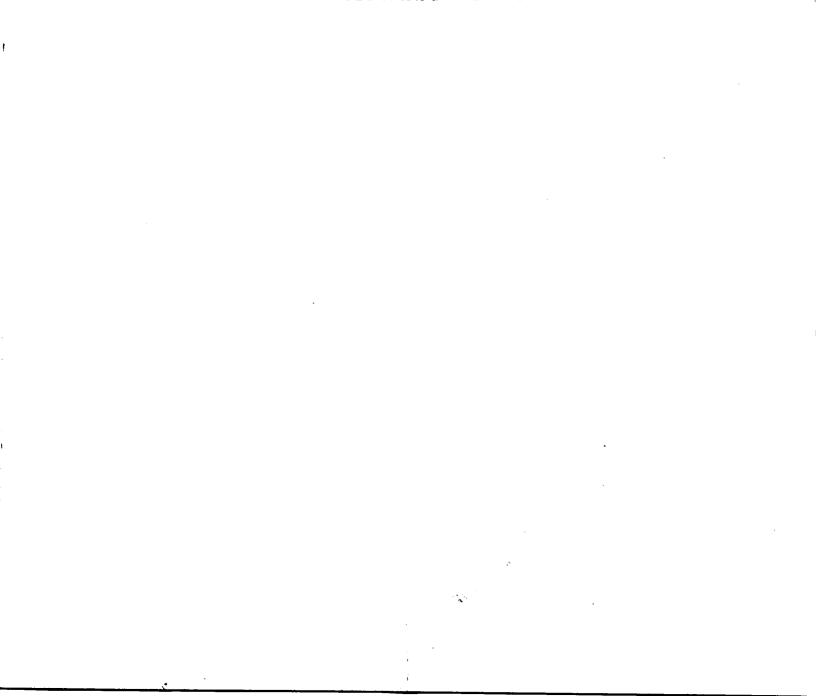
1. PLACE OF STANBIRTH	State of	Idaho	Keg. Di	st. No6
1. PLACE TO BERTH a. COUNTY Left	fihi	2. USUAL RESID	ENCE OF MOTHER (W	
b. CITY (II outside corporate limits, write RUOR TOWN SEL MO N	RAL and give township)	II OR	rporate limits, write RURAL and	give township)
c. FULL NAME OF (If not in hospital or ine HOSPITAL OR INSTITUTION Steele Me	emorial Hosp.	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print) Baby (	Girl Brown			· · · · · · · · · · · · · · · · · · ·
4. SEX   5a. THIS BIRTH   Female   SINGLE   TW		WIN OR TRIPLET (This of	CTILI DIDTU	fonth) (Day) (Year) March 31, 1952
7. FATHER'S a. (First)			c. (Last)	8. COLOR OR RACE
NAME David	1	W.	Brown	White
9. AGE (At time of this birth)   10. BIRTH	PLACE (State or foreign country)	11a. USUAL OCCUPAT	<del></del>	OF BUSINESS OR INDUSTRY
40 years Idah	no Falls .Ida.	Farming	1	
12. MOTHER'S a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE
MAIDEN NAME Mary			H:11	White
14. AGE (At time of this birth) 15. BIRTH	PLACE (State or foreign country)	16. CHILDREN PREVIO	USLY BORN TO THIS MOTH	R (Do NOT include this child)
32 years Baker	, Idaho	a. How many chil- dren are now living?	b. How many children we born alive but are now dead	re c. How many OTHER children were stillborn
17. INFORMANT	(2)	CHAIR SEE BOW HAIRS	DOLL WILLS DOT WES TROM (1998)	(born deed after 20 weeks pregnancy)?
Laine Uh	1. とんつ	0	1	programcy/:
18a. LENGTH OF PREGNANCY  3 D WEEKS  18b. WEIGHT AT  3 LBS. /6	was a standard	serological test f	or syphilis performed	? Yes. No
CAUSE OF STILLBIRTH   20e. FETAL				7 2 7 7
State only morbid conditions				
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATE	RNAL CAUGES		· · · · · · · · · · · · · · · · · · ·	
Prematurity, Asphyxia, etc.)	Lorenia	of prea	nama -	
21. STATE ANY COMPLICATIONS OF PREG	NANCY AND LABOR	28. STAVE ALL OPERA	TIONS FOR DELIVERY	
Foremin of p	Legneny	In	<b>→</b>	
I hereby certify that I 23d. KTT attended the birth of this	ENDANT'S SIGNATURE	(Specify if M. D	., midwife, or other)	23b. DATE SIGNED
on the date stated above 23c.	IDANT'S ADDRESS	If NOT   24. SIGNAT	URE OF AUTHORIZED OFFI	
atm.	brown Idasho	attended by physician		
25a. BURIAL, CREMA- TION REMOVAL (Specific) 25b. DATE Eura 21 4-1-52	Salmon	OR CREMATORY	Salmon, Ide	_
DATE REC'D BY LOCAL REGISTRAR'S SI	E. Lohuson	26. FUNERAL DIRECTO	<i>n\                                    </i>	almon, Ida.
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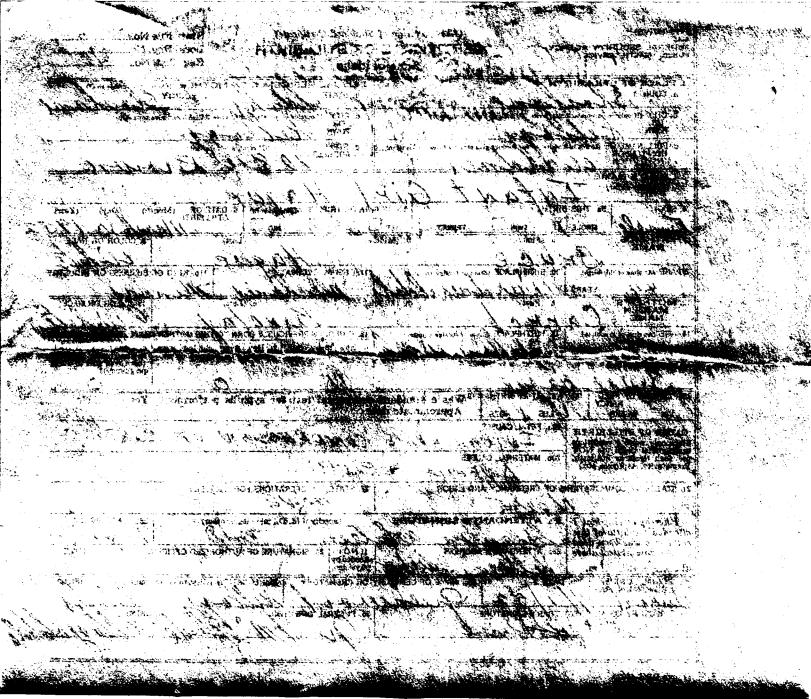
PHS-797(VS) 4-48		Standard Certificate		ate File No	`` <i>`</i> {{
FEDERAL SECURITY AGENC PUBLIC HEALTH SERVICE	CALCALIANT IN TOUR			cal Reg. No2	
	<u> </u>	of Idaho	Re	g. Dist. No	<u>'</u>
1. PLACE OF STILLBIRT	DSION OF VITAL			R (Where does mother live)	<u></u>
a. COUNTY Men ?	CONTRACTION	a. STATE	sho b. Co	DUNTY Ment	Jen .
b. CITY (If outside opporate limit	ita, write R RAL and give township)	c. CiTY (If outside of	rporate limits, write RURA	L and give township)	
TOWN Lowe	o tan	TOWN TOWN	Gewiston		
c. FULL NAME OF (If not the control of the control	epital originativation, give atrost address or location)	• d. STREET ADDRESS	(If rural, give location)	<u> </u>	<del></del>
3. CHILD'S NAME		• •			
((Type or Print)	DONALD &	ELLIS		/	
4. SEX ' 5a. THIS BI	RTH 5b. IF	TWIN OR TRIPLET (This o	hild born) 6. DATE OF	(Month) (Day)	(Year)
SINGLE	TWIN TRIPLET 1ST	2ND	3RD   6. DATE OF	"march. 21	51
7. FATHER'S NAME	B (First) b. (Mic	ldle)	c. (Last)	8. COLOR OR	RACE
MAME A	Palch		Ellin	Whe	Ti .
9. AGE (At time of this birth)	10. BIRTAPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b.	KIND OF BUSINESS OR	INDUSTRY
45 YEARS	Apringdale Wn	Fales	2 ا م	trucker	
12. MOTHER'S	a. (Mic	idle)	c. (Last)	13. COLOR OF	RACE
MAIDEN NAME	line frem	e G	Puark	Whi	Tu .
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO		MOTHER (Do NOT include	e this child)
41 YEARS	Clamente Ilala	a. How many chil-	b. How many childre	en were   c. How many	OTHER
17. INFORMANT		dren are now living?	born alive but are now	(born dead afte	stillborn or 20 weeks
The a	albert Thron	4		pregnancy)?	
18a. LENGTH OF PREG- 18b. W	VEIGHT AT BIRTH   19 Was a standard	l serological test i	or syphilis perfor	med? Yes	No
37 WEEKS	LBS. OZS. Approximate d	ate			6,2
CAUSE OF STILLBIRTH	FETAL CAUSES				
State only morbid conditions	(remeture de)	nidural	2/ac evita		•
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES				
Prematurity, Asphyxia, etc.)					
21. STATE ANY COMPLICATIONS	OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY		
Condine Va	A CONTRACTOR OF THE PARTY OF TH	i. ~	u car	Charles and	
I hereby certify that I 2	3a. ATTENDANT'S SIGNATURE	(Specify if M. I	o., midwife, or other)	23b. DATE SIG	NED
attended the birth of this	Ullian I	12.		hund	ノフ・ア、
child who was born dead  _ on the date stated above   2	23c. ATTENDANT'S ADDRESS	II NOT 24. SIGNA	TURE OF AUTHORIZED	OFFICIAL	TITLE
at m.		attended by physician			
25a, BURIAL, CREMA-   25b. D.	ATE 25c. NAME OF CEMETER	1	25d. LOCATION (City,	town, or county)	(State)
TION, REMOVAL (Specify)	reh 1252 Morma	Hill	Lewi	stor	
DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE	26. FUNERAL DIRECT	QR /	ADDRESS	×
Mar 27 1952 (/a	en Wesolin	1	Cassa	Lewist	en en en en en en en en en en en en en e

State Flig No. 1949 Service of Months of Bertaland LDA! Per No ... HATELLIATE OF STILLERS Red Cres Inc Signe of Idaha appending named professional state of the st DONALD So, IF THIN OR TELPET COMMISSION IS COATE OF HTRE BRITH Tree Drosa Was to bringerd secological and the copietic acatemic AND SHOWING BUT E STATE ALL OFF THOMS FOR LINEARY The state and the state of the state of THE MAN OF CHAPTER OF CHAPTER OF THE SOUTH O 是这个一个一个一个

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PHS-797(VS) 1-48		RFC	Revi	sion of	Standard Certificate	e)	State File	No
FEDERAL SECUP					OF STILLBIR	No. 42		
PUBLIC HEALTH S	ERVICE	APR1	6 1967		Idaho		Reg. Dist.	No. 2 2 0
		DIVISION	OF VITAIS	ICIO O				
1. PLACE OF S	TILLBIR	TH STAT	TSTICE		2. USUAL RESID	ENCE OF		does mother live?)
a. COUNTY	Nez Pe				a. STATE Tdaho		b. COUNTY	earwater
b. CITY (II outsid		mite, write RURAL an	d give township)			rporate limits.	write RURAL and give	
OR TOWN	Lewi	- D		4.3	ii OR .	Headqua		
					l			<del></del>
HOSPITAL OR			give street address or lo	ocation)	d. STREET ADDRESS	(If rural, g	ive location)	
INSTITUTION	<u></u>	Joseph Ho	<u>spital</u>					
3. CHILD'S NA								
(Type or Prin	t)	GWENLO	YN RENEE	BAN	EV			
4. SEX	5a. THIS		III IUMIIII		WIN OR TRIPLET (This c	hild horn) 6	DATE OF (Mont	h) (Day) (Year)
	1		<u></u>	i r				ch 31, 1952
Female	SINGLE		TRIPLET	1ST L	· · · · · · · · · · · · · · · · · · ·	3RD		
7. FATHER'S NAME		a. (First)		b. (Mide	lie)	c. (Las	st)	8. COLOR OR RACE
		Donald		H		Bane	e <b>y</b>	White
9. AGE (At time of	this birth)	10. BIRTHPLACE	(State or foreign countr	-yr)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
	YEARS	Spokane,	Wash		Woodswork	er	Lumi	er
2. MOTHER'S		a. (First)		b. (Mide	ile)	c. (La	st)	13. COLOR OR RACE
MAIDEN		Darleen				Quig]	ev	White
14. AGE (At time of t	hie hieth)		(State or foreign count		I 16 CHILDREN PREVIO			Do NOT include this child)
14. AGL (At time of t		03		· • /	a. How many chil-		any children were	c How many OTHER
	YEARS	Clarkston	, "asn		dren are now living?		but are now dead?	children were stillborn (born dead after 20 weeks
17. INFORMAN	T	n n					_	pregnancy)?
Dona	11	r. Osa	ney		1	<u> </u>	0	0
18a. LENGTH OF P	REG- 18b.	WEIGHT AT BIRTH	19 Was a sta	andard	serological test i	or syphil	is performed?	Yes No
4/ WEEK	ANCY S	LBS. V4 OZS	A	ate da		-51.	_	¥39,2
	<u></u>	20a. FETAL CAUS	<del></del>		·			<del></del>
CAUSE OF STII State only morbid	conditions		2					
causing fetal death use such terms as	(do NOT	205 MATERNAL	CALICEC		7 11			
use such terms as Prematurity, Asphy	yxia, etc.)	20b. MATERNAL	LAUSES		NH	ne	2 Lline	
		<u> </u>						
21. STATE ANY CO	MPLICATIO	ns of Pregnancy	AND LABOR		22. STATE ALL OPER	ATIONS FOR	DELIVERY	
	no	<u> </u>			1 Grus	J. 0	: Mann	
I hereby certi	fu that I	23a. ANTENDA	NT'S SIGNAT	URE /	(Specify if M. ]	D., midwife, o	or other)	23b. DATE SIGNED
attended the bir	th of this	l W	<u> </u>	ud	In X	14 10	·	3-31-52
child who was b		23c. ATTENDANT		0	If NOT   24. SIGNA	TUDE OF ALL	THORIZED OFFICIA	<del></del>
on the date star at 3-24-3	ted above	23C. ATTENDANT	3 100 1		attended by	TURE OF AU	THORIZED OFFICIA	L 111.55
<u> </u>		1 sure	may		physician			
25a. BURIAL, CRE TION, REMOVAL (S <sub>I</sub>	M A- 25b.	DATE	25c. NAME OF	CEMETER	Y OR CREMATORY		ION (City, town, or	
Burial	,,,,,,,	4/1/52	Norm	ml H	<b>i</b> ll	l Le	wiston, Ide	aho
DATE REC'D BY L		SISTRAR'S SIGNATU			26- EUNERAL DIRECT			DRESS
11:11 10	REG.	110-	Wes all	_	1/C Men	elai	Clarks	ton, Washingtor
yprus i j 17		year !	<i>jegi</i> kun	4	1 , , , , , , ,			
,	(/		<i>y</i>					
					·			



	• • •			001
PHS-797(VS)	(1949 Revision of Sta	indard Certificate)	State File	No
FEDERAL SECURITY AGENCY	CERTIFICATE OF	F STILLBIRTH	Local Reg	No. 29
PUBLIC HEALTH SERVICE	RECE SIND of Lo		Reg. Dist.	
I. PLACE OF STIMBIRTH	100 FE VIII 2	USUAL RESUCE	MOTHER (Where	does nother live?)
a. COUNTY	المناه ال	a. STATE	b. COUNTY	lastani
b. CiTY (If outside corporate limits write RURAL	Little to The Li	c. CiTY (If outside corporate	Init write RURAL and give	township)
TOWN TOWN	9-	OR TOWN	Va A A	
C. FULL NAME OF (If not in hospital of in attution a	ive street address or location)	d. STREET (II r	rural, giv (comon)	
HOSPITAL OR INSTITUTION	14	ADDRESS // 8		WM
3. CHILD'S NAME		, , , ,	W. AMA	
(Type or Print) INTA	It Girl	Hage	<u>م</u> ر	
4. SEX 5a. THIS BIRTH	.5b. IF TWIN	OR TRIPLET (The wild born	6. DATE OF (Mont	h) (Pay) (Year)
Eurole SINGLE X TWIN	TRIPLET 1ST	2ND SRD	] STILLBIRING	Whan 1952
7. FATHER'S a. (First)	b. (Middle)	· · · · · ·	c. (Last)	8. COLOR OR RAGE
STUCP		HNO	PIP	11261
9. AGE (At time of this birth) 10. BIRTHPLACE (	State or foreign country) / 11	a. USUAL OCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
44 YEARS /// (1)	Louis elelales	Meskin	is Min	
12. MOTHER'S a. (First)	b. (Middle)		c. (Last)	13. COLOR OR RACE.
MAIDEN CAPPA	•	BANA	last	Out lite
14. AGE (At time of this birth) 15. BIRTHPLACE	Late or foreign country) 16	. CHILDREN PREVIOUSLY	BORN TO THIS MOTHER (	Do NOT include this child)
77 YEARS 5/4/	1	How many chil-   b. Ho	w many children were	c. How many OTHER
17. INFORMANT	qr	ren are now living?   born a	alive but are now dead?	children were stillborn (born dead after 20 weeks
RAMAO HAMA			$\sim$	pregnancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH	19 Was a standard ser	pological toot for me	mbilia nordamed	V. X
NANCY LBS. / OZS.	Approximate date	rological test for sy	pinus periormeu:	Yes. No
CAUSE OF STILLBIRTH   20a. FETAL CAUSE	\$.		<del></del>	
State only morbid conditions	AUTERINE C	COMPRESSI	ON OF C	CORID.
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL C	ALICEC	<u> </u>	<del></del>	
	<u> </u>	LU(?)		
21. STATE ANY COMPLICATIONS OF PREGNANCY	AND LABOR 22	STATE ALL OPERATIONS	FOR DELIVERY	
NONE		NONE		
2	NT'S SIGNATURE	(Specify if M. D., midy	wife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	m. Whil	exel 7	n.D.	/ april 22
on the date stated above 23c. ATTENDANT'S		NOT   24. SIGNATURE O	F AUTHORIZED OFFICIAL	TITLE
at Zi 20 Pm. Kelley		ysician		
25a, BURIAL, CREMA- 25b, DATE TION, REMOVAL (Buriator)	25c. NAME OF CEMETERY OF	R CREMATORY 25d. L	OCATION (City, town, or	ounty) (State)
Bury 1 4/1/52	Quenus	was Ki	Plass	elstaka
DATE REC'D BY LOCAL KEGISTHAR'S SIGNATUR		FUNERAL DIRECTOR	ADI	DRESS, A
4/1/52 REG. Joletina	ر في ال	( March Sell	"Elle Jo.	Killeres slab I.
1)		June 111	7	Money
		/ 		- V



PHS-797(VS)	-C	EIVE	(1949 Revision of	Standard Certificat	e)	State File	No.	G <b>5</b>	
FEDERAL SECUP PUBLIC HEALTH S	RI'S AGE	1954 AL	CERTIFICATE	Standard Certificate)  OF STILLBIRTH Local f Idaho  State			1 Reg. No. 140		
	MAY	NOE VIII	State of	f Idaho		Reg. Dist.	No. 5/0		
1. PLACE OF	T EEE	MISTICE		2. USUAL RESID	ENCE OF MO	THER (When	e does mother live?)		
a. COUNTY			nock	II a STATE	daho	b. COUNTY	Bannock		
b. CITY (If outsid	ie corporate l	imite, write RURAL and	give township)	c. CITY (If outside or	orporate limits, write	RURAL and give			
TÖÜN		Poc	atello	OR TOWN	Pod	atello			
c. FULL NAME O	F (If not in	hospital or institution, gi	ve atreet address or location)	d. STREET ADDRESS	(If rural, give lo	cation)			
INSTITUTION	St. I	inthony Mer	cy Hospital	ADDRESS A	34 <del>3</del> West	Halliday	r		
3. CHILD'S NA (Type or Prin									
[[ I ype of I the	·———	Brett ]	Robbins						
4. SEX	5a. THIS		5b. 1F T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day) (	Year)	
male	SINGLE		TRIPLET 1ST	2ND	3RD   311	LLBIKIN A	11	52	
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OR RAC	Æ	
		Robert	Char	rles	Robb	ins	white		
9. AGE (At time of t	hia birth)	10. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR IND	USTRY	
28_	YEARS		<u>California</u>	Manage	r	Grimes	Business S	choo]	
2. MOTHER'S		a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR RA	CE	
NAME	· · · · · · · · · · · · · · · · · · ·	Alice	···			nzuela	white		
14. AGE (At time of t	•	1	tate or foreign country)	16. CHILDREN PREVIO			·		
ん) 7. INFORMAN	YEARS	меестез	, California	a. How many children are now living?	b. How many born alive but a	re now dead?	c. How many OT children were stil	llborn	
	Robbi						(born dead after 20 pregnancy)?	Weeks	
8a. LENGTH OF P		MEIGHT AT BIRTH	mother	0	1 0		0		
NA NA	NCY		19 Was a standard	serological test in the 10-24-51	or syphilis p	erformed?	Yes No.		
	· · · · · ·	LBS. 2 OZS.	Cerebral an			carabi	ral edema	4.0	
CAUSE OF STIL	conditions	LOE. I ZIAZ GROSES	ociebiai an	OXIA SCCOL	idary to	Ceren	ar edeme	. •	
ausing fetal death	(do NOT Stillbirth.	20b. MATERNAL CA	USES					<del></del>	
Prematurity, Asphy	xia, etc.)	None							
I. STATE ANY CO	MPLICATION	S OF PREGNANCY A	IND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY			
Prolonge	d lab	or /	• )	Right mes			siotomy.		
I hereby certif		<del>&lt;</del>	IT'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	O., midwife, or oth		23b. DATE SIGNED		
ittended the birt	h of this	trout	west.	ARCH T.		•	26 April		
child who was b on the date stat		234 ATTENDANT'S		If NOT   24, SIGNA	TURE OF AUTHO	<del></del>	<u> </u>		
<sub>it</sub> 10:25 a	•_ m.	/ Pocatell	lo, Idaho	attended by physician					
5a. BURIAL, CRE ION REMOVAL (8p	MA- 25b,	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (81	tate)	
Bull 18	7 4	12-52	mountain	eview !	Fran.	tell	Ida.	His	
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	f 2	26. FUNERAL DIRECT	OR	AD	DRESS		
MAY 1	1932	ova m.	Wallin	Burnte	3 De ses	und.	traces	1116	
				7		<del>7</del>			

WELL STONE WAS IN THE SHIP THE YES tre is somina Court Calling State of The Business and the State of the The Control of the Co CLICITY EXCENSION MANAGEMENT AND STATE OF THE PARTY OF TH West a character for the test of the party of the Committee of the Committ Action to the first to the first to the second to the second TE STATE OF "UNEPAPORT PER DOLL STATE fixed meso-eforal egis Contraction of the state of SHOW I TOUGH THE OF THE PARTY OF THE PARTY OF THE MOTORNO WASHINGTON

#### PHS-797(VS) (1949 Revision of Standard Certificate) State File No. FEDERAL SECURIT CERTIFICATE OF STILLBIRTH Local Reg. No. PUBLIC HEALT Reg. Dist. No.....5 State of Idaho 1. PLACE O 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE Bannock b. COUNTY Idaho Bannock b. CITY OR OR TOWN write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR Pocatello Pocatello c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONSt. Anthony Mercy Hospital d. STREET (If rural, give location) ADDRESS 522 North Garfield 3. CHILD'S NAME (Type or Print) Newell John Thomas 4 SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBURTH (Day) (Month) (Year) SINGLE X male TRIPLET TWIN 2ND 3RD 7. FATHER'S NAME a. (First) b. (Middle) 8. COLOR OR RACE c. (Last) Newell Windley Thomas white 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION · 11b. KIND OF BUSINESS OR INDUSTRY Pocatello. Idaho YEARS Brakeman U.P.R.R. 12. MOTHER'S a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) MAIDEN Twila Marie Infanger white 15. BIRTHPLACE (State or foreign country) 14. AGE (At time of this birth) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks YEARS Pocatello, Idaho 17. INFORMANT pregnancy)? Twila Thomas mother 18a. LENGTH OF PREG- | 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No.A NANCY 26 Approximate date 36. WEEKS LBS. 83/Abzs 20a. FETAL CAUSES Cerebral anoxia secondary to cerebral CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES Premature separation of the placenta leading to a circumvallate placenta. 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY None None I hereby certify that I attended the birth of thes ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED 26 April 1952 ARCH T. WIGLE, M. D. child who was born dead ATTENDANT'S ADDRES 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE on the date stated above If NOT attended by Pocatello. 7:40 a. Idaho

physician

26. FUNERAL DIRECTO

25d. LOCATION (City, town, or county)

ADDRESS

250 NAME OF CEMETERY OR CREMATORY

25a. BURIAL, CREMA-TION, REMOVAL (Repedity)

DATE REC'D BY LOCAL

REG

25b. DATE

REGISTRAR'S SIGNATURE

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Statistics Statement of the little of the

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PHS-797(VS)			(1949 Revision of	Standard Certificat	e)	State File	No ()	67
4-48 FEDERAL SECUR	RITY AGE	NCY C	ERTIFICATE		. ,	Local Reg		pión Rossas
PUBLIC HEALTH SE	CE	<u> </u>	State of					***********
I Plus DE a	स्थीर कार्	NTH						
CYTHU-	3377	Bannock		2. USUAL RESID	daho	DTHER (When b. COUNTY		
talk in the	A CONTRACTOR	mits, write RURAL and give	township)	c. CiTY (If outside of		DTTDAY4 -L	Bannock	
-1		Pocatel		OR TOWN		tello	e township)	
c. FULL NAME O	F (If not in	hospital or institution, give s			(If rural, give le			
HOSPITAL OR INSTITUTION		nthony Mercy		d. STREET ADDRESS	356 South			
3. CHILD'S NA		<u> </u>	1100 pt. 002	1	JJC SCUL	u nayes		
{{ Type or Print	t)	Deborah 1	Denise Schie	rs				
4. SEX	5a. THIS			WIN OR TRIPLET (This o	hild born) 6, DA	TE OF (Mon	th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET   1ST	2ND	3RD STI	LLBIRTH	4 24	52
7. FATHER'S NAME		a. (First)	b. (Midd		c. (Last)	2.77	8. COLOR OR I	RACE
IVANIE		Melvin	Cha	arles	Schie	ers	white	
9. AGE (At time of the	hia birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
27	YEARS	Rexburg,	Idaho	Studen	.t	Grimes :	Business	School
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	
NAME		Geraldine	Lot	ıise e	Helm		white	
14. AGE (At time of the	hie birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	(Do NOT include	this child)
25	YEARS	Pocatello	. Idaho	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many	OTHER
17. INFORMAN	Т				2012 22110 2210	-0 10 W QOUQ!	children were (born dead after pregnancy)?	20 weeks
Geral	dine 1	. Schiers	Mother	1	(	)	) Programo, , ,	)
18a. LENGTH OF PR	NCY	WEIGHT AT BIRTH 19	Was a standard	serological test f	or syphilis p	erformed?	Yes L N	10
38 WEEKS	3	LBS. 4 OZS.	Approximate da	te.	·		V39	16
CAUSE OF STIL		20a. FETAL CAUSES		<b>₽</b> .			7	
State only morbid causing fetal death use such terms as	conditions (do NOT	M	ne 1	nou	~~			
use such terms as Prematurity, Asphy	Stillbirth, zia, etc.)	20b. MATERNAL CAUS		3				
		Yuth	1	now	<u></u>	<del></del>		
21. STATE ANY COM	MPLICATION	IS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	.IVERY		
	00	75)		1				
I hereby certif attended the birti		PARTITIONS	SIGNATURE	(Sporty IM. I	)., midwife, or oth	her)	23b. DATE SIGN	
child who was bo	orn dead.	11000	7 12·H	ger	m	CD		30.5
on the date state		230. ATTERDAY TO RE	1,7,4-1-1-1	attended by	TURE OF AUTHO	RIZED OFFICIA	L 1	TITLE
ut 4:53 p.	Man.	and the same	lo, Idaho	physician				

CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county)

/ ADDRESS

25a. BURIAL, CREMA-TION, REMOVAL (Smalls)

DATE REC'D BY LOCAL

OTITIES SHOW.

SHOWER OF THE SHOWER S វ**ទ**ុក្ខាល់ វ ా ్రా కృష్ణానికి చిత్రం కళ్ళాక ng de la companya de The state of the s

### PHS-797(VS) (1949 Revision of Standard Certificate) State File No.... FEDERAL SECUR CERTIFICATE OF STILLBIRTH Local Reg. No. PUBLIC HEALTH SI Reg. Dist. No...... State of Idaho 1. PLACE C 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Bannock Idaho Bingham b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello TÖWN Fort Hall c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS St. Anthony Mercy Hospital Fort Hall. Idaho 3. CHILD'S NAME !( Tupe or Print ) Baby Boy Stone 4 SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) SINGLE X Male TWIN TRIPLET \_\_ 1ST 2ND 3RD 7. FATHER'S a. (First) b. (Middle) 8. COLOR OR RACE c. (Last) NAME Leonard Stone Indian 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Fort Hall. Idaho YEARS Farming Farm 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN NAME Lvdia George Indian 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER YEARS Fort Hall Idaho children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? Lydia Stone Mother 18a. LENGTH OF PREG-18b. WEIGHT AT BIRTH 19. Was a standard serological test for syphilis performed? No.... NANCY 9 ozs Approximate date WFFKS LBS. 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR ATIONS FOR DEL I hereby certify that I SIGNATURE 23b. DATE SIGNED attended the birth of this

DATE REC'D BY LOCAL

child who was born dead

on the date stated above

at ...8:40 B.M.m.

25a, BURIAL, CREMA-TION, REMOVAL (Specify)

Pocatello, Idaho 25c. NAME OF CEMETERY OR CREMATORY

II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL attended by physician

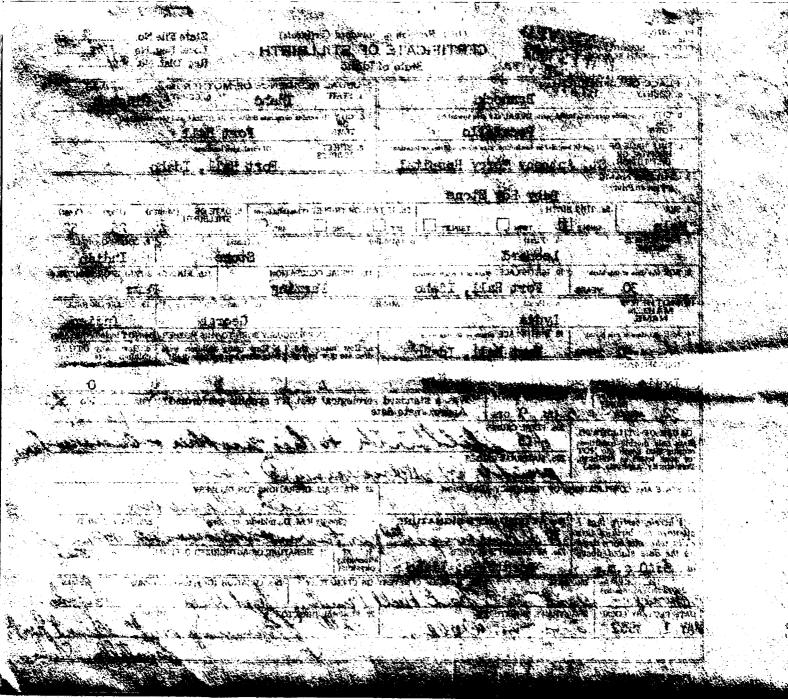
**BEGISTRAR'S SIGNATURE** 1952

25b. DATE

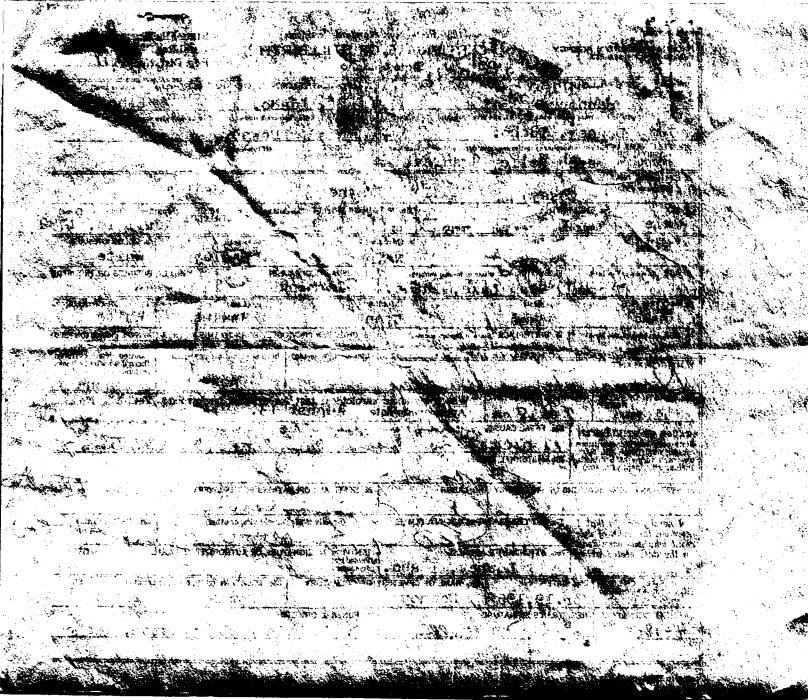
23c. ATTENDANT'S ADDRESS

26. FUNERAL DIF

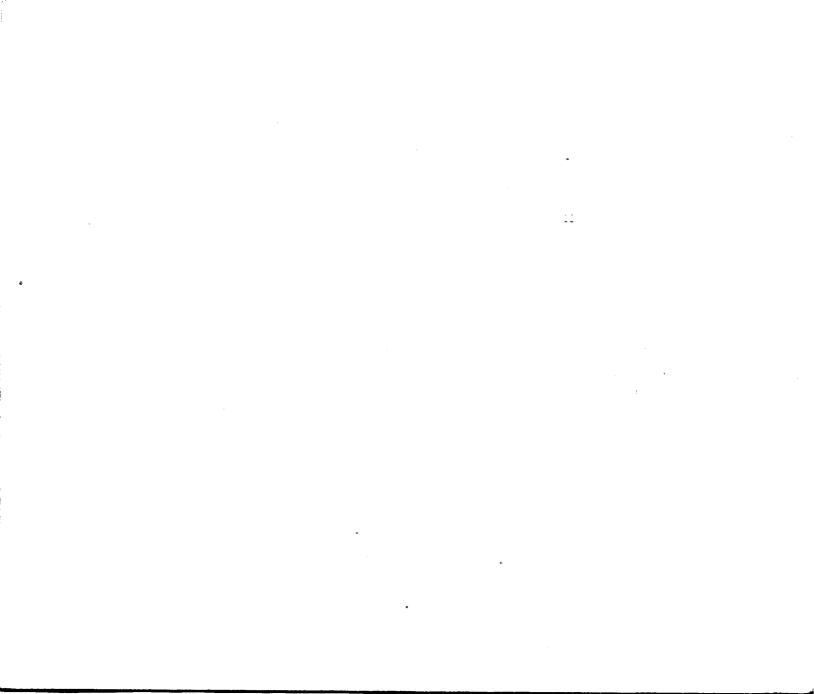
25d. LOCATION (City, town, or county) ADDRESS



PHS-797(VS)			- (1949	Revision of	Standard Certificate	۱۵	State Elle	0.5	ું
4-48 FEDERAL SECURIT PUBLIC HEALTH SERV	Y AGEN	THIAY DON WITHOUTH WALL	ERTI	FICATE	OF STILLBIF		State File Local Reg Reg. Dist.	No. 1.33	
1 DI ACE OF ST		12	12011	- State O	i scano				
b. CITY (If outside or OR	ILLBIK	MATTO	A Car		2. USUAL RESID	ENCE OF M	OTHER (When b. COUNTY	e does mother live?)	
B	anno	CHENT	72.		Id	aho.	D. COUNTY	Bannoc	<u>k</u>
b. CITY (If outside or OR	orporate li	, write URAL	and give township	<b>p</b> )	C. CITY (If outside of OR	orporate limits, wr	ite RURAL and give	a township)	
	wney		•		TOWN	Downey	r.		
c. FULL NAME OF ( HOSPITAL OR INSTITUTION		ospital or institution h Valle			d. STREET ADDRESS	(If rural, give	location)		
3. CHILD'S NAM	E								
(Type or Print)	C	asey			Wayne		Hadley		
4, SEX   5s	a. THIS B			5b IFT	WIN OR TRIPLET (This	hild hom)   6 D	ATE OF (Mon	th) (Day)	(Year)
			٦ .		7 ~	S	THI DIOTH	ril 18.	
7. FATHER'S	SINGLE		TRIPLET			3RD	A)		
NAME		a. (First)		b. (Midd	Lie)	c. (Last)		8. COLOR OR R	RACE
		Thomas		Way	ne	Hac	lley	White	
9. AGE (At time of this		10. BIRTHPLACE	E (State or foreig	n country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR IN	IDUSTRY
37	YEARS	Swan	Lake,	Idaho.	Farmin	g	Farr	ier	
12. MOTHER'S		a. (First)		b. (Midd	lle)	c. (Last)		13. COLOR OR	RACE
MAIDEN NAME		Donna		Lyr	nn	Hay	vkes	White	
14. AGE (At time of this	birth)	15. BIRTHPLACE	E (State or forels	<u>_</u>	16. CHILDREN PREVIO			1	this child
- 20	1				a. How many chil-			c. How many	
17. INFORMANT	YEARS	Arimo.	. Idan o	·	dren are now living?	born alive but	y children were are now dead?	children were	stillborn
17. INTEGRMANT	_	7	//	10			_	pregnancy)?	A' WOCKS
Vonno	<u> </u>	Lissa	I sille	Aleu	2	l no	on <b>e</b>	non	ıe
a. LENGTH OF PREG	G- 184	WEIGHT AT BIR	ı vvas	a standard	serological test_i	or syphilis	performed?	Yes. X N	
WEEKS	1 7	7 LLS. 8 of	ZS. App	roxima da	te August	13, 19	<b>打</b> り↓	- No	
CAUSE OF STILLB	TOTE	20a. FETAL CAL	ISES MASh	- him	due t	o Re		A CONTRACTOR OF THE PARTY OF TH	Jane
State only morbid con	nditions	M OR	فسيعم	العداد أأسط	land Do	20.0	Dr. 20'	DADI	- V3
State only morbid con causing fetal death (do use such terms as Sti Prematurity, Asphyxia	o NOT	20b. MATERNAL	CAUSES		June June	Much	· CLL	~~~~	= / 5
Prematurity, Asphyxia	, etc.)		<u>ک</u> ه	. 0 .		U			. [
21. STATE ANY COMPL	LICATION	C OF BDCCHAN	V MO INCO	<u> </u>	1 22 CTATE ALL OFF	ATIONS FOR S	TI DENY	110-0	4 tra
41. STATE ANY COMPL	LICA! ION	OF PREGNANC	CY AND LABOR	· _	22. STATE ALL OPER	ALIONS FOR D	FINERA -	vala !	7
					Ancionia	<u>. Unu</u>	<u>~</u>		
I hereby certify	that I	23a. ATTENE	ATTS	NATURE	(Specity if M	D., midwife, or o	ther)	23b. DATE SIGN	EP -
attended the birth o child who was born	of this		9		1 \ Sunt	rette		しょ、え	,1 Č
on the date stated		23c. ATTENDAN	T'S ADDRESS		II NOT 24. SIGNA	TURE OF AUTH	ORIZED OFFICIA	L T	TITLE
at	m.	D:	wney.	Idaho.	fattended by		-	`	
					Y OR CREMATORY	25d LOCATIO	N (City, town, or	county)	(State)
25a. BURIAL, CREMA TION, REMOVAL (Specify Burial	IApr	.19,195	52 Do	wney	- C. CILMATORT	Down	ney	Idaho	
DATE REC'D BY LOCA	L REGI	STRAR'S SIGNAT	TUR <b>É</b>		26. FUNERAL DIRECT	OR	AD	DDRESS	
4-18-52		va >	n. Wal	lin	0. Sherw	in Webl	b Presi	ton, Ida	tho
			7						



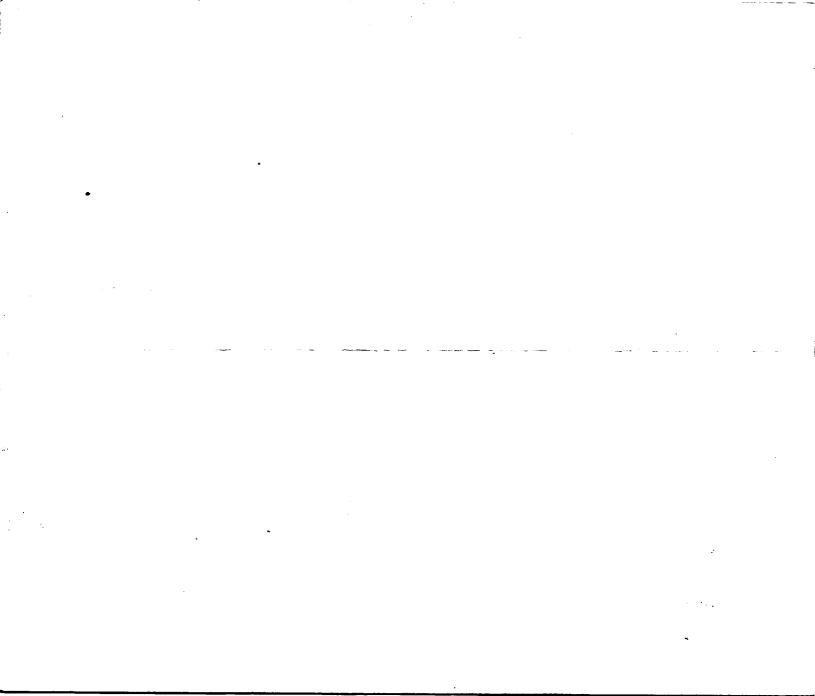
PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ERVICE	MAY	2 1952 State	of Idaho	RTH	State File Local Reg. Reg. Dist.	No	<u>979</u>
1. PLACE OF S a. COUNTY			ON OF VITAL	2. USUAL, RESI		L COLINTY		
b. CiTY (It outsid	Ben ev	N & [] mits, write RURAL and	elve township)		aho corporate limits, write		Cootena	<u> </u>
OR TOWN	-	Maries	Bive www.mau.p/	II OR	arrison	RUKAL and give	township)	
c. FULL NAME C	F (If not in )		ve street address or location)	d. STREET	(If rural, give lo	eation)		<del></del>
HOSPITAL OR INSTITUTION	St	. Marias	Hospital	ADDRESS				
3. CHILD'S NA	ME	<u> </u>			<del>"</del>	<del></del>		
		Barba		llan	Rose			
4. SEX	5a. THIS			F TWIN OR TRIPLET (Th	e child born) 6. DAT	TEOF (Mont LLBIRTH	th) (Day)	(Year)
Female	SINGLE	a. (First)	TRIPLET 1ST		3RD 🔲	March		<u>195</u> 2
NAME			b. (M		c. (Last)		8. COLOR OR	
0.405		Douglas	Raymo		Rose		White	
9. AGE (At time of t		IO. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUP			BUSINESS OR	
12. MOTHER'S	YEARS	a. (First)	b. (M	Highway	Maintain c. (Last)	er Sta	te Bur	
MAIDEN		_ `	Svl					
14. AGE (At time of t	his birth)	Incille	tate or foreign country)	16. CHILDREN PRE	ROS (		Do NOT include	
Orr	YEARS	Harriso		a. How many chil	- b. How many		c. How many children were	
17. INFORMAN	T	,		dren are now living	Dorn alive but a	re now dead?	(born dead afte	stillborn r 20 weeks
Mr.&Mrs.	Doug!	las Rose		2	None		pregnancy)?	
18a, LENGTH OF PI	REG-   18b.	WEIGHT AT BIRTH LBS. OZS.	19 Was a standar Approximate	d serological test		erformed?	YesX	No
CAUSE OF STIL State only morbid causing fetal death use such terms as Prematurity, Asphy	conditions (do NOT Stillbirth.	20a. FETAL CAUSES 20b. MATERNAL CA	malue 1	reparal	in of	place	ula	
21. STATE ANY COL	MPLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPE	RATIONS FOR DEL	IVERY		
I hereby certi- attended the birt child who was b	fy that I th of this orn dead	B.a.	TEGIGNATURE	(Specify if M	. D., midwife, or oth	iet)	23b. DATE SIG	NED -52
on the date stat	ed above	23c. ATTENDANT'S	7 4	If NOT 24. SIGN attended by the Dysician	NATURE OF AUTHO	RIZED OFFICIA	_	TITLE MD
25a. BURIAL. CRE	M A-   25b.	DATE	25c. NAME OF CEMEN		25d. LOCATION	(City, town, or		(State)
TION, REMOVAL (8) Burial	ecify)	3-29-52	Harrison	1	Harri	son	Idal	10
DATE REC'D BY LO	CAL REG	SISTRAR'S SIGNATUR	BI	26. FUNERAL DIRE	CTOR	<i>-</i>	DRESS	
3/3//52	1	Topen &	. Drebne	11.6.6	WEAR	61	t. Maries	s, Ida.



PHS-797(VS) 4-48 FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	<del>-</del> -		TH Local Reg	State File No		
1. PLACE OF STILLBIR	MAY 3 1952  WAY 3 1952  WILLIAM OF VITAL	II a. JINIE V///	NCE OF MOTHER (Where	dos malhardive!)		
TOWN	imits, write RURAL and give township)	c. CITY (If outside corr OR TOWN	porasitistics, write RURAL and give	township)		
INSTITUTION FLAT	hostital r invitation give street address or location)	d. STREET ADDRESS	(II rural, give loosulon)			
3. CHILD'S NAME ((Type or Print)	Still Bos	n				
4. SEX   5a. THIS   SINGLE		WIN OR TRIPLET (This chi	6. DATE OF (Mont			
7. FATHER'S NAME	Pa. (First)  D. Midden  Scar  South		Domson	8. COLOR OR RACE		
9. AGE (At time of this birth)  YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	ON 11b. KIND OF	BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME	b. (Midding several between the contract of th	ile)	ltron	13. COLOR OR RACE.		
	15. BIRTHPLACE (State or foreign country)	a. How many chil-	JSLY BORN TO THIS MOTHER ( b. How many children were born alive but are now dead?	Do NOT include this child)  c. How many OTHER children were stillborn		
17. INFORMANT	er	7	more	(born dead after 20 weeks pregnancy)?		
18a, LENGTH OF PREGNANCY WEEKS 18b.	WEIGHT AT BIRTH 19 Was a standard  LBS. OZS. Approximate da	serological test to	r syphilis performed?	Yes Cu No. No. No. No. No. No. No. No. No. No.		
CAUSE OF STILLBIRTH State only morbid conditions causing fatal death (do NOT	Entire leng head	Eone fro lui	labor eyes	ers		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	chon a	day			
21. STATE ANY COMPLICATION	ns of pregnancy and labor	22. STATE ALL OPERAT	ions for delivery  m //2/11	wnorma		
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SIGNATURE	(Specify if M. D.,	midwife, or other)	236 DATE SIGNED		
on the date stated above at \$\frac{35}{2}  \text{Q}  m.	23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATU attended by physician	IRE OF AUTHORIZED OFFICIAL	TITLE		
25a. BURIAL, GREMA- 25b.	nov 87/52 25c. NAME OF CEMETER	Y OR CREMATORY 2	Sq. ROCATION (City, town, or	county) (State)		
DATE REC'D BY LOCAL REG	others signature Vight-ker	26. FUNERAL DIRECTOR	of Parents	DRESS		
/	O EB)	Υ.				

·			

	vision of Standard Certificate)	State File	No.
MAY 1 1052	ATE OF STILLBIRT	H Local Reg. Reg. Dist.	7
a. COUNTY Ponnarilla BIVISION OF VI	a. STATE New Yo	CE OF MOTHER (Where	does mother live?) New York
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	TOWN NEW	rate limits, write RURAL and give	township)
c. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Sacred Heart	)) ADDDECC	(If rural, give location) 7. 172 nd Street	,
3. CHILD'S NAME (Type or Print) INFANT BIANCO			
4. SEX   5a. THIS BIRTH   Male   SINGLE T   TWIN   TRIPLET	5b. IF TWIN OR TRIPLET (This child I	STILLBIRTH A	
	b. (Middle) Gilbert	c. (Last) Bianco	8. COLOR OR RACE White
9. AGE (At time of this birth) 14 10. BIRTHPLACE (State or foreign count 26 YEARS New York	(17) U. 9. 11a. USUAL OCCUPATION		BUSINESS OR INDUSTRY Production
2. MOTHER'S a. (First) MAIDEN NAME Mary	b. (Middle) <b>E</b> llen	c. (Last) Healy	13. COLOR OR RACE White
4. AGE (At time of this birth) 26 15. BIRTHPLACE (State or foreign count	try) 16. CHILDREN PREVIOUS	LY BORN TO THIS MOTHER (	
7. INFORMANT	a. How many chil- dren are now living? b.	How many children were in alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
8a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a st NANCY LBS. 15 OZS. Approxim	andard serological test for	syphilis performed?	
CAUSE OF STILLBIRTH State only morbid conditions ausing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  77 a. 3 5	eive Placanto	al ingare	y36,3 =+1'07.
I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIO	ONS FOR DELIVERY	
I hereby certify that I 236. ATTENDANT'S SIGNAT thended the birth of this hild who was born dead	ey Mis.	M. D.	23b. DATE SIGNED
n the date stated above 22c. ATTENDANT'S ADDRESS  1 7:50 P. m. Idaho Falls, Idaho	attended by physician	E OF AUTHORIZED OFFICIAL	TITLE
ION, REMOVAL (Breedly)		LOCATION (City, town, or o	
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. EUNERAL DIRECTOR	Idaho Falls	Idaho  ORESS Idaho Falls, Idaho
1	- wand	<u> </u>	Idaho '

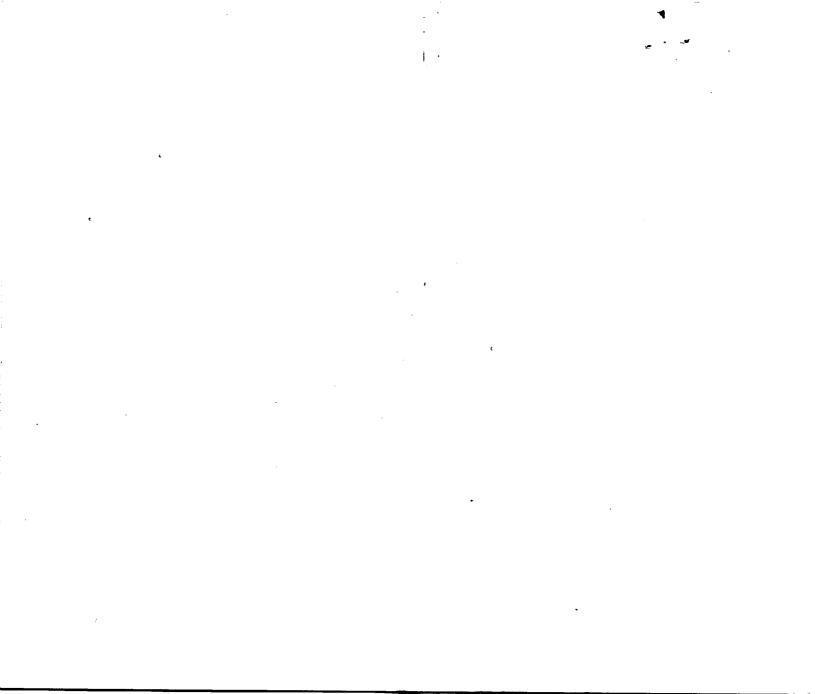


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PHS-797(VS)	DECEMBER	evision of	Standard Certificate	·)	State File	No.	שע
4-48 FEDERAL SECURITY AGE			OF STILLBIR		Local Reg.	No. 1	la
PUBLIC HEALTH SERVICE	₩25.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	State of	Idaho		Reg. Dist.	No. # Jun	4
	- OIVISIUL VIII	TAL				10 10	1
1. PLACE OF STILLBIF a. COUNTY	STATISTIC	<b>3</b>	2. USUAL RESID		OTHER (Where b. COUNTY		•
a. COUNTY Can	yon		". 3.KLL	aho	D. COOM ?	Canyon	
I OP	imits, write RURAL and give township)		c. CiTY (If outside eo	rporate limits, write	RURAL and give	township)	
TÖWN Nampa			тойн Nam	pa			
c. FULL NAME OF (If not in	hospital or institution, give street address	or location)	d. STREET	(If rural, give lo	eation)		
HOSPITAL OR INSTITUTION Mer	cv Hospital		ADDRESS 5	14 17th	Ave S		
3. CHILD'S NAME	Cy VSDI LAI	<del></del>	<u> </u>	T- <u>T-1-011</u>	<u> </u>	· U •	=
((Type or Print)	DODIAD DUADUD I	OME O					
		ONES	WIN OR TRIPLET				<del>_</del>
4. SEX 5a. THIS	EIK!H		WIN OR TRIPLET (This of	bild borna) 6. DA'	TE OF (Mont LLBIRTH	• • • •	•
Male SINGLE	TWIN L. TRIPLET L	IST L		3RD 🔲	Ar		<u> 152</u>
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE	
1.0.1	Blair			Jone	s i	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign co	untry)	11a. USUAL OCCUPAT			BUSINESS OR INDUS	TRY
32 YEARS	Indiana		Service	Sta.Opo	noton		
12. MOTHER'S	a. (First)	b. (Midd		c. (Last)	L. H. COL	13. COLOR OR RACE	<u> </u>
MAIDEN NAME	Rosomoni			Criss		White	
14. AGE (At time of this birth)	Rosemary  15. BIRTHPLACE (State or foreign co	ountry)	16. CHILDREN PREVIO		THIS MOTHER (		hlld)
31 YEARS	1 12		a. How many chil-	b. How many	children were	c. How many OTH	ER
17. INFORMANT	- "ebraska		dren are now living?	born alive but a	re now dead?	children were stillb (born dead after 20 we	orn eks
D. IN ORMAN				_		pregnancy)?	
			1			0	
NAMES L			serological test f	or syphilis p	erformed?	Yes No	
37 WEEKS	LBS. OZS. Approx	cimate da			· · · · · · · · · · · · · · · · · · ·	¥36,	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		total bl	selle as	mend	4 ddys	
State only morbid conditions	Unkus	ww	— · _ /	ma to	delives	4_	
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES					7	
Prematurity, Asphyxia, etc.)	Plan	entr	Franca				
21. STATE ANY COMPLECATIO	NS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
Placenta Peaces	en Central.		Connection	Solo O	_ ,		
I hereby certify that I	23a. ATTENDANT'S SIGNA	ATURE	(Specific W. M. T	midwife, or of	her)	23b. DATE SIGNED	
attended the birth of this	11873		Yh 7	Α	/	11.10/52	_
child who was born dead	Will have			I F	DIZED OFFICIAL	Time	
on the date stated above	23c. ATTENDANT'S ADDRESS		attended by	TURE OF AUTHO	KIZED OFFICIA	L TITLE	•
at			physician				<del></del>
25a. BURIAL, CREMA- 25b TION, REMOVAL (Specify)	DATE 25c. NAME C	OF CEMETERY	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (Sta	ie)
Burial	Apr. 9-52 11	Col	vary	Mem E		Idoho	
DATE DECID BY LOCAL DEC	ממלח בחוב לו כול בדי וחב	7	AC FINISHED DIDECT		7 (AD	DDECE -UATIO	

Apr 8 50

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PHS-797(VS) 4-48	-	Paris.	(1949 Revision of	Standard Certificate	;)	State File	No
FEDERAL SECUR PUBLIC HEALTH SE	RITY ÂGE! ERVICE	NCY DEPORT	CERTIFICATE	OF STILLBIF	RTH	Local Reg	
		MECE	State of	Idaho		Reg. Dist.	No <del>7</del> X70
1. PLACE OF S	TILLBIR	BUARKES	1952	2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)
	a <b>ss1</b> a		P VITAL	a STATE Ids		b. COUNTY	Cassia
b. CITY (II outsid	e corporate li	mits, write RURAL and	ive (ownship)	c. CiTY (If outside co	rporate limits, write	RURAL and give	township)
TOWN P	urley	•		TOWN Bur	:ley		
c. FULL NAME C	F (If not in	hospital or institution, give	ve street address or location)	d. STREET ADDRESS	(If rural, give lo	cation)	
INSTITUTION	Cett	age Hespi	tal	155	0 Hanse	n Ave.	
3. CHILD'S NA							
((Type or Prin	()	Baby	Knecke				
4. SEX	5a. THIS	BIRTH	.5b. IF T	WIN OR TRIPLET (This of	hild born) 6. DAT	TE OF (Mont	,
Female	SINGLE	TWIN .	TRIPLET 1ST	2ND	3RD   311	Ap	ril 13,1952
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OR RACE
		Leuis	C		Knock	•	White
9. AGE (At time of t	his birth)	10. BIRTHPLACE (Se	tate or foreign country)	11a. USUAL OCCUPAT		1	BUSINESS OR INDUSTRY
24	YEARS	Mountair	Home Idahe	Chemi	st	Fleur	M111
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR RACE
NAME		Ada	Ma	)	Tanner	<u>r                                     </u>	White
14. AGE (At time of t	his birth)	15. BIRTHPLACE (8	tate or foreign country)				Do NOT include this child)
23	YEARS	Oakley	Idahe	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn
17. INFORMAN	T/		550 HANSEN	0 <b>n</b> ●	One		(born dead after 20 weeks pregnancy)?
X Zavis	<u>(; /</u>		SURLEY, IDA.				None
18a. LENGTH OF PI	REG- 18b.	WEIGHT AT BIRTH	19. Was a standard	serological test f		erformed?	Yes. X No
25 WEEKS	5 2	LBS. OZS.	Approximate da	te	11-21	1-5/	<u> 434.2</u>
CAUSE OF STIL		20a. FETAL CAUSES					,
State only morbid causing fetal death use such terms as	conditions (do NOT		remalus	<del>~</del> ·			
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	7	8 - 1			
			ranssera	· macus	alim		<del>/</del>
21. STATE ANY COL	MPLICATIO	NS OF PREOMANCY	Lilia .	22. STATE ALL OPER	ATIONS FOR DEL		10 Bas Her
	more	-	A Ten	- Johnson		uchur y	Million The Comment
I hereby certi- attended the birt	fy that I	THE PARTY OF THE P	SIGNATURE	(Specify if M. I	O., Maidwife, or oth	her)	23b. DATE COMED
child who was b	orn dead		CMINI !	mue	mn		15 KIPM
on the date stat	ed above	23c. ATTENDANT'S	7//	attended by	TURE OF AUTHO	RIZED OFFICIA	L TITLE
at	m.	Buna	25c. NAME OF CEMETER	physician	25d. LOCATION	(City town or	county) (State)
25a. BURIAL, CRE TION, REMOVAL (8p		DATE 15-52	1			City, town, or	Idaho
<u>Buria</u>			Oakley Co		·	<del></del> _	
DATE REC'D BY LO	REG	SISTRATOR	111	26. FUNERAL DIRECT	OK 18/ 10	//	odress Burley Idaho
Mrs. 17,1,	752	UNIV	reson	VernB. 14	Gullac	n, - 1	TOA TOWN
• / /				-			



PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		(1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH RECEIVED State of Idaho			State File N Local Reg. 1 Reg. Dist. N	No33	<u>5</u>
PLACE OF STILLBIF     a. COUNTY     Cass     b. CITY (If outside corporate I OR TOWN Burl     c. FULL NAME OF (If not in	SIA DIVISIO		c. CITY (If outside of OR TOWN Bur	aho inporate limits, write R	URAL and give to	Cassia	
HOSPITAL OR	age Hospi Baby Bar	tal	li Address		on Ave.	,	<del></del>
4. SEX 5a. THIS Female SINGLE	BIRTH TWIN	TRIPLET 1ST		3RD STILL	Apr	il 22,	(Year) 1952
	a. (First)  mber	b. (Mide Ray	]	c. (Last)		8. COLOR OR F	
9. AGE (At time of this birth)  27  YEARS	Burley, a. (First)	Idah o	Stockman		Livest		
12. MOTHER'S MAIDEN NAME F:	rancis   15. BIRTHPLACE (81	b. (Mide Charle	·····•	c. (Last)  Donald		White	
25 YEARS  17. INFORMANT	Pocatel:		a. How many children are now living?	b. How many ch born alive but are	now dead?	c. How many children were (born dead after pregnancy)?	
18a. LENGTH OF DIEG- 18b.	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate da	serological test f	or syphilis per	rformed?	res 🗶 N	39,5
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES  20b. MATERNAL CA	To mater	n Buth	-ang	lenis	K /	
21. STATE ANY COMPLICATION	1 Selon	ND LABOR	22. STATE ALL OPERA			locus	w
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	23a. ATTENDANT'S	ADDRESS LA	uns p	O., midwife, or other		3b. DATE SIGN	nf 193
Burial 4	DATE / 22/52	25c. NAME OF CEMETER Pleasant	7iew	25d. LOCATION (C	Idaho	-	(State)
ATE REC'D BY LOCAL REG	ISTAMA STONATURI	lson	26. FUNERAL DIRECTO		aystia	ress ley	<del></del>

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

#### (1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

State File No	.8 076
Local Reg. No	19
Reg. Dist. No	<del>5-52</del>

	State of Idaho	Reg. Dist. No
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (Where does mother live!)
a. COUNTY	a. STATE	b. COUNTY
b. CITY (II out the orporate limits, write RURAL and the store and)	c. CiTY (If outside co	porate limits, write RURAL and give township)
		/ . / X
c. FULL NAME OF of not in hospital charles on, rive to left address of the control of the contro	or location) d. STREET	
	ADDRESS /	(If rural, give location)
3. CHILD'S NAME		suur.
((Type or Print) Gance Ch	ristine To	ne s
4. SEX 5a. THIS FIRTH	5b. IF TWIN OR TRIPLE (This of	hild born) 6. DATE OF (Month) (Day) (Year)
7-en SINGLE X TWIN TRIPLET	IST ND	STILLBIRTH THANKS IN 1965
7. FATHER'S a. (First)	b. (Middle)	c. (Last)   8. COLOR OB RACE
NAME Links	$\mathcal{I}$	ones while.
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign c	ountry)   11a, USUAL OCCUPAT	TON 116. KIND OF BUSINESS OR INDUSTRY
32 YEARS LASED mont	ana Surveyo	THE KIND OF BOSINESS ON INDUSTRI
12. MOTHER'S a. (First)	b. (Middle)	c. (Last) 13. COLOR OR BACE
NAME NOUS C	Chris	timen Wite
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign of	Quatry) 16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER (Do NOT include this child)
25 YEARS CLUBSON	a. How many children are now living?	b. How many children were c. How many OTHER born alive but are now dead?
17. INFORMANT	dien ale now hving:	(born dead after 20 weeks
Lagra D. (Jones)	1 2	O pregnancy)?
186. LENGTH OF PREG-   185 WEIGHT AT BIRTH   19 Was a	standard serological test for	or syphilis performed? Yes. No.
WEEKS   LBS. / 9 OZS.   Appro	ximate date	or syphilis performed? Yes No. 36, 2
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		
State only morbid conditions causing fetal death (do NOT		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		1 01 1 0
Memale	un Separales	a of blacenta (13 day
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	STATE ALL OPERA	TIONS OR DELIVERY
1) one	1 /00	v ·
I hereby certify that I   23a. ATTENDANT'S SIGN	ATURE (Specify if M.)	, midwifg-or other) 23b. DATE SIGNED
attended the birth of this	1. Slmare G	MA) 4/2/52
on the date stated above 234 ATTENDANT'S APORES A	If NOT   24. SIGNAT	TURE OF AUTHORIZED OFFICIAL TITLE
at 4:15 Pm. Kuper, John	physician	
25a. BURIAL, CREMA- TION TEMOVAL (Specify)	OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	26. FU SRAL DIRECTO	DR ADDRESS
4/2/52 REG. () Muslim	10.7	W. T.
The survey of	my woods	many journey
	<u> </u>	Ruger X Valance
F DDII 49404		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

THE UPICATE GOVERNMENT OF THE STREET The second secon

PHS-797(VS)	. (19	49 Revision of	Standard Certificate	e) St	State File No.		
FEDERAL SECURITY AGE	NCY CED	· · · · · · · · · · · · · · · · · · ·			Local Reg. No. 18		
PUBLIC HEALTH SERVICE	A CONTRACTOR	State of			g. Dist. No 🔏		
1. PLACE OF STILLBIR a. COUNTY  b. CITY (If outside corpograte is	inite, A WRAL and rive towns		2. USUAL RESIDE A. STATE C. CITY (if outside or	tho b. C	OUNTY  AL and give township)	loka	
TOWN KUS	Dest		OR TOWN	Supert			
HOSPITAL OR INSTITUTION	hospital or institution, give stylest a	ddress or location)	d. STREET ADDRESS	(liftural, give location)	4th Street	+ South	
3. CHILD'S NAME ((Type or Print)							
4. SEX 5a. THIS SINGLE	BIRTH TWIN X TRIPL		WIN OR TRIPLET (This o	hild born) 6. DATE OF STILLBIR	TH 3 - 3/-	(Year)	
7. FATHER'S NAME	Harold	Jo. (Mydd		eulena	8. COLOR OF	RACE	
9. AGE (At time of this birth)  28 YEARS	10 BIRTHPLACE (State or Apre	lako	11a/USUAL OCCUPAT		AND OF BUSINESS OR	INDUSTRY	
12. MOTHER'S MAIDEN NAME	a. (File)	b. (Midd	le)	ensen	13. COLOG O	F RACE	
14. AGE (At time of this birth)	15 BIRTHPLACE State or for	country)			MOTHER (Do NOT includ	ie this child)	
YEARS 12-INFORMAPST	rupert, y	Kaho	a. How many chil- dren are now living?	b. How many childr born alive but are now	en were c. How many children wer (born dead aft pregnancy)?	e stillborn	
The Kames	na ense	n	$\mathcal{O}$	$\bigcirc$	pregnancy);	0	
18a, LENGTH OF PREGNANCY NANCY /	LBS. J OZS. Ap	s a standard proximate dat	serological test f te 2/4	or syphilis perfor	rmed? Yes	No	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	20a. FETAL CAUSES	nopia	- dun	ing lab	ror.		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	remi	ture one	ret of lo	ebor.		
21. STATE ANY COMPLICATION	is of pregnancy and labo	OR	<i>II</i>	COLL DELIVERY			
I hereby certify that I attended the birth of this child who was born dead	Canoll	GNA)TURE	Smore		23b. DATE SIG	SNED 52	
on the date stated above at 9:35 Pm.	MACHINE STORES	ho	If NOT 24. SIGNAT physician	TURE OF AUTHORIZED	OFFICIAL	TITLE	
TION REMOVAL (Specify)	DATE 25c. NA	A OF CEMETERY	OR CREMATORY	25d. LOCATION (City,	town, or county)	(State)	
4/2/52 REG.	Melmol, a	lepentes	26. FUNERAL DIRECTO	To luc	ADDRESS Luke	y da	
•	,	/ /			7	-	

HEATE OF STALLBURGH ALL MANAGEMENT Adabido atotic CONTROL OF THE CONTRO 13.400 THE OWNER OF THE PROPERTY OF THE WARRENCE OF THE PROPERTY OF T the state of an election rest, the winter winter wines a stern me the THE WAR WAS ARREST AND THE PARTY OF THE PART SHULL NOW IN The Date of the second Control of the second of the s

PHS-797(VS) 11 1 2 19 1 (1949 Ret	vision of Standard Certificate)	37.5
	CATE OF STILLBIRTH	State File No.
LODGIO LICATITI OCCUPANTO P		Local Reg. No
	State of Idaho	
1. PLACE OF STILLBIRTH a. COUNTY Minister	2. USUAL RESIDENCE OF a. STATE	MOTHER (Where does mother live?) b. COUNTY
b. CITY (If outside orporate limits write RURAL and give township) OR TOWN	c. CITY (If ortaide corporate Malte, OR TOWN	write RURAL and give township)
c. FULL NAME OF Chaos in hospital or institution, give street didress or HOSPITAL OR INSTITUTION		4 th Street Souls
3. CHILD'S NAME ((Type or Print)	J	
4. SEX   5a. THIS BIRTH   SINGLE   TWIN   TRIPLET	5b. IF TWIN OR TRIPLET (This child born)   6.   1ST	DATE OF (Month) (Day) (Year) STILLBIRTH 7 - 3/-52
7. FATHER'S a. (First) NAME ASSECTION (In the content of the conte	b. (Middle) c. (Las	<u> </u>
9. AGE (At time of this birth) 10. SIRTHPLACE (State or foreign four YEARS KURLET Of all		11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S B. (St.) MAIDEN NAME MANAGE MAN	b. (Middle) c. (Las	
14. AGE (At time of this birth) 15. D)RTHPLACE (State of foreign country)	8. How many chil- h. How me	TO THIS MOTHER (Do NOT include this child)  ny children were   c. How many OTHER
Mis Ramona Jensen	dren are now living?   born alive b	ut are now dead? children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a st NANCY LBS. OZS. Approximately Approximately 18b. WEIGHT AT BIRTH 19 Was a st	tandard serological test for syphili- mate date 2/4/5	s performed? Yes. No
CAUSE OF STILLBIRTH State only morbid conditions	robin During	labor.
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)	mature me	t A lebon
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR	DELIVERY
I hereby certify that I attended the birth of this child who was born dead	Specify if M. D., midwife, or	other) 23b. DATE SIGNED
on the date stated above at 9:45 pm. 23c. ATTENDANT'S ADDRESS	If NOT attended by physician	HORIZED OFFICIAL TITLE
25a. BURAL, CREMA- 25b. DATE 25c. NAME OF LINE OF LAND HE STORY OF LINE OF LIN	CEMETERY OF CREMATORY 25d. LOCATI	ON (City, town, or cunty) (State)
DATE REC'D BY LOCAL RESISTIBAR'S SIGNATURE 4/2/52 WELLOW	26. FUNERAL DIRECTOR	ADDRESS )
		Toh

Story of Jound The state of the s A week the following posteriors of the company The second sections of the section is SECTION OF PERSONS MARK START SANT THE RESIDENCE OF THE PARTY OF T

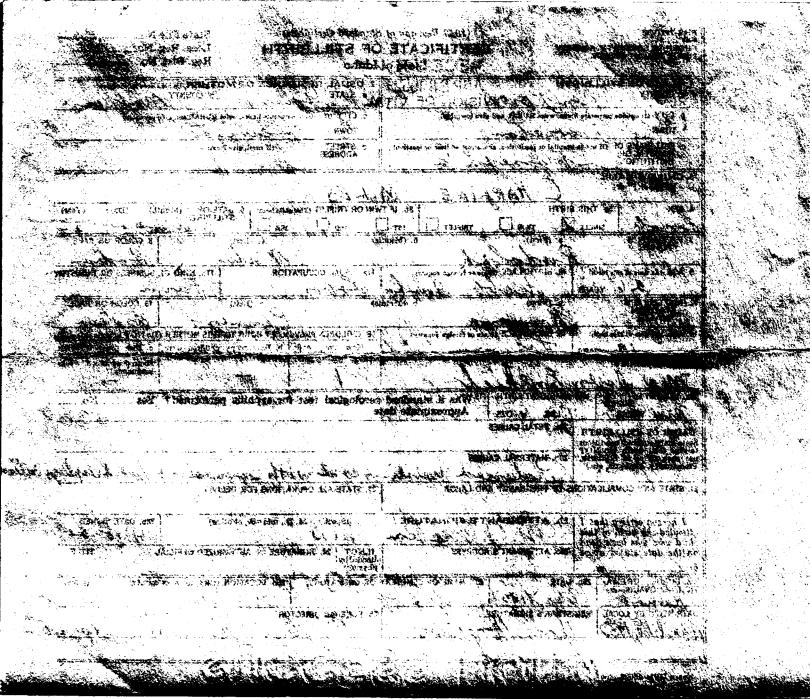
PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

### (1949 Revision of Standard Certificate)

# CERTIFICATE OF STILLBIRTH

tate File No	()	. C
ocal Reg. No		
eg. Dist. No.		

RECEIVED	of Idaho Re	eg. Dist. No
1. PLACE OF STILLBIRTH ADD 28 1952	2. USUAL RESIDENCE OF MOTH	ER (Where does mother live?)
a. COUNTY Menter DIVISION OF VI	La. STATE Idaho b. C	COUNTY Menteru
b. CITY (If outside corporate limits, write RURAL and give towns (b));	c. CITY (If outside corporate limits, write RUR.	AL and give township)
TOWN Lewiston	TOWN Jewist	<del>~</del>
c. FULL NAME OF (If not is hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (If rural, give location) ADDRESS	)
3. CHILD'S NAME ((Type or Print)  (HARLINE	TILES	
	TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIR	(Month) (Day) (Year)
Female SINGLE TWIN TRIPLET 1ST	ZND 3RD 3	april 16 52
7. FATHER'S a. (First) b. (Mic	dde) c. (Last) Miles	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b.	KIND OF BUSINESS OR INDUSTRY
26 YEARS Will School	- Lobor 1	tarm
12. MOTHER'S MAIDEN NAME  8 (First) b. (Mid	idle) c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS	MOTHER (Do NOT include this child)
19 YEARS Fosivai John	a. How many childdren are now living? b. How many childs born alive but are now	ren were c. How many OTHER children were stillborn
17. INFORMANT WHEN AMEN Emphiel	den are now hangs both salve but are now	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG. 1860 WEIGHT AT BIRTH 19 Was a standar	l serological test for syphilis perfo	rmed? Yes V No
JUM WEEKS 7 LBS. 4 OZS. Approximate d	ate	<u> </u>
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		/
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20p. MATERNAL CAUSES		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	cal cord with compress	ion + foetal applypia
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
	·	
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 4-18-52.
on the date stated above at	If NOT attended by physician	OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)  Runial (Specify)  April (862)  Level 1862	RY OR CREMATORY 25d. LOCATION (City)	town, or county) (State)
April 18,1952 REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS Lewiston



# PHS-797(VS) RECEIVED 1952 PUBLIC HEALTH SERVICE

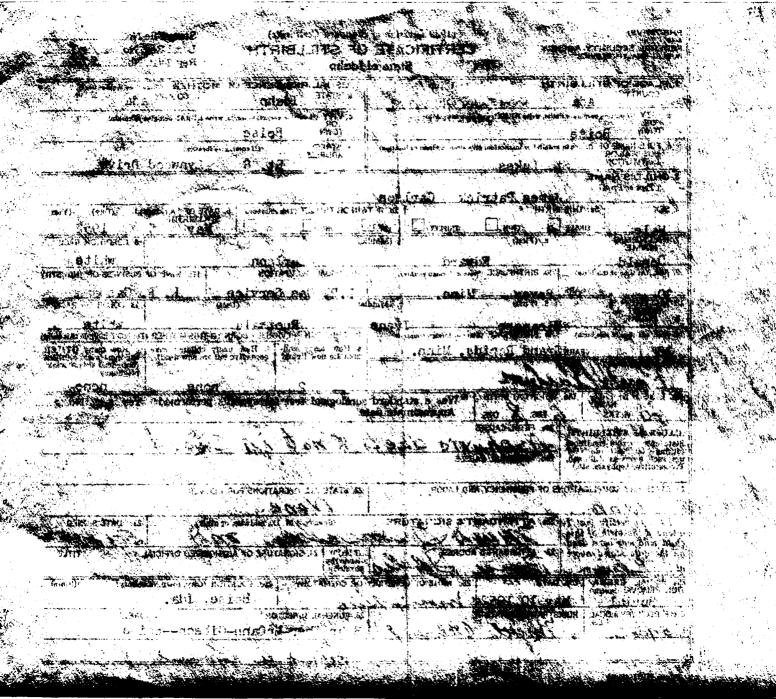
# (1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH

State File No Local Reg. No Reg. Dist. No	. <b>A</b> 30
Local Reg. No	24
Reg. Dist. No	1821
_	VC

PUBLIC HEALTH SE			State of	Idaho		Reg. Dist	No. 32
1. PLACE OF S	TILLET	₹ <b>7</b> 4		2. USUAL R	ESIDENCE (	OF MOTHER (Whe	re does mother live?)
		ington		a. STATE	Idaho	b. COUNTY	Washington
b. CITY (If outside OR	e corporate l	imits, write RURAL and	give township)	c. CITY (If or	tside corporate lim	its, write RURAL and give	re township)
TOWN	Weise	er		TOWN	Weiser		
C. FULL NAME O	)F (If not in	hospital or institution, gi	ve street address or location)	d. STREET	(If run	il, give location)	
INSTITUTION	Weis	<u>se Memor</u>	lal	ADDRESS	Rt.#	2	
3. CHILD'S NA							
(Type or Print	<i>:</i> )	Baby	Girl Thom	mas			
4. SEX	5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET	(This child born)	6. DATE OF (Mor	nth) (Day) (Year)
Female	SINGLE	TWIN	TRIPLET 1ST	2ND [	3RD	STILLBIRTH 4	- 11-52
7. FATHER'S NAME		a. (First)	b. (Midd	Lle)	с. (	Last)	8. COLOR OR RACE
		Harry	R.		Thomas		White
9. AGE (At time of the			ate or foreign country)	11a. USUAL OC		11b. KIND O	F BUSINESS OR INDUSTR
40	YEARS	Balko,	Okla.	Farmin	ng	Own	Famm
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	ile)		Last)	13. COLOR OR RACE
NAME		Gen <b>ev</b> a	M.		Kenda	11	White
14. AGE (At time of the	ais birth)		tate or foreign country)	16. CHILDREN	PREVIOUSLY BO	RN TO THIS MOTHER	(Do NOT include this chil
25	YĘARS	Seatt	le, Wash.	a. How many dren are now li	chil- b. How	many children were we but are now dead?	c. How many OTHE1
17. INFORMANT	<u> </u>	111		3		None	(born dead after 20 week
) Naw	1 %	dro	nas	ر		110116	pregnancy)?
189. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological t	est for synt	ilis performed?	Yes. A No
WEEKS		LBS. OZS.	Approximate da	te	obe 101 13 pr		y36.
CAUSE OF STILI	LBIRTH	20a. FETAL CAUSES	V 4.		20' /	r(z)	7501
State only morbid	conditions		Must in	· ( emb	ule al	Lord	•
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth,	20b. MATERNAL CA	USES			3	<del></del>
rrematurity, Asphyi	iis, etc.)	<u> </u>				-	
21. STATE ANY COM	APLICATION	NS OF PREGNANCY A	ND LABOR	22. STATE ALL	OPERATIONS FO	OR DELIVERY	· · · · · · · · · · · · · · · · · · ·
		Mone			ヽマ	come	_
I hereby certify		23a. ATTERDAN	TO STONE A	(Specify	M. D., midwif	s, or other)	23b. DATE SIGNED
attended the birth child who was bo		/1/	//WKhath	MA	/		4-11-52
on the date state		23c. ATTENDANT'S	ADDRESS	II NOT   24 S	SIGNATURE OF	AUTHORIZED OFFICE	
at	m.			attended by physician			
25a. BURIAL, CREM		DATE	25c. NAME OF CEMETERY	OR CREMATOR	Y 25d. LOC	ATION (City, town, o	r county) (State)
TION, REMOVAL (8pe	(dity) 4.	<b>-12-</b> 52	Millcrest		Wei	ser, Idah	0
	CAL REG	ISTRAR'S SIGMATURI		26 FUNERAL D	INECTOR	` A	DDRESS
4-11-52 R	EG.	(sie Chi	ffer (	1 Dec	M	)	Weiser,
	. 1. 0.	von mi	acount	art are	- g-car		<del></del>

WHERE Therein in Blunder Belle Liberty Local Section the contract was the same of t The state of the last of the state of the st HWOT 130 AT ... Contract or contract of the St. St. St. St. St. The second secon The result can be a second of the second of THE BUT AN CHARLES AND THE AS DE SELL TO MAN THE SELL AND SELL THE S THE RESIDENCE OF THE PARTY OF T Will be a first the second section of the section of the section of the section of the section of the section of the section of the APPENDING WITH STREET S. PET S. FEWERS. MENANT AND CONFIDENCE OF PRESENT AND COMME Ette 14 sections TO SERVICE THE THE SERVICE THE Meiser, I THE PROPERTY OF THE PARTY OF TH water his miles

PHS-797(VS)	(10/0 Fam	ision of	Standard Certi	Canta)				- NU1
4-48 FEDERAL SECURITY AGE			OF STILL			State File		724
PUBLIC HEALTH SERVICE				DIKIH		Local Reg Reg. Dist		270
	RECEIVED	itate of	Idaho			neg. Dist	. 140	<b>2</b> f
1. PLACE OF STILLBIR	тн Y 1 5 195 <b>2</b>		2. USUAL RE	SIDENCE	OF MC	THER (Whe	re does mother	live?)
a. COUNTY Ada	DIVIDION OF VIT	· A7 :		[daho		b. COUNTY	Ada	
b. CITY (If outside corporate li	mite, write RURAISH AN TSHIOS		c. CiTY (If out	ide corporate i	mits, write			
OR TOWN Boise		•	OR	Boise		-, -, -, -, -, -, -, -, -, -, -, -, -, -	, C - C - L - L - L - L - L - L - L - L -	
c. FULL NAME OF (If not in	bospital or institution, give street address or	location)	d. STREET		ral, give lo	netion)		
HOSPITAL OR		,	ADDRESS				Dadina	
3. CHILD'S NAME	Lukes		<u>n</u>	<u>Rt. 8</u>		Lynwood	DITAG	
(Type or Print)								
4. SEX 5a. THIS	James Patrick Carl							
		56. IF T	WIN OR TRIPLET	This child born	6. DAT	E OF (Moz LBIRTH	nth) (Da	y) (Year)
Vela SINGLE	TWIN TRIPLET	1ST L		3RD		ay 9	1	952
7. FATHER'S NAME	a. (First)	b. (Midd	II <del>o</del> )	Ċ.	(Last)		8. COLOR	OR RACE
Donald	Edward		Ca	rlson			wh	ite
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign count	ry)	11a. USUAL OCC	UPATION		11b. KIND O	F BUSINESS	OR INDUSTRY
20 YEARS	Bovey Minn.		L.P. Gas	s_Servi	ce	I F	Gas	
12. MOTHER'S	a. (First)	b. (Midd			(Last)			R OR RACE
MAIDEN NAME	33	T	•		_		1	_
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign count	Irene	16. CHILDREN PI	REVIOUSLY E	ORN TO T	HIS MOTHER	(Do NOT in	cinda this child)
28 YEARS	rand Rapids, Minn.	-	a. How many of			children were e now dead?		any OTHER
17. INFORMANT/	4		dren are now livi	ing?   born a	live but a	e now dead?	children (born dead	were stillborn lafter 20 weeks
Name III Va	dum		_	l			pregnancy	)?
18a. LENGTH OF PREG-   18b.	WEIGHT AT BIRTH   19 TITOS D. ct.		2			ne		one
NANCY	/ / Was a su	andard	serological te	st for sy	ohilis p	erformed?	YesL	No.,
40 WEEKS	3 Ltd. (3 Utd.)	nate da	ve.			· · · · · · · · · · · · · · · · · · ·		136.0
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	·	! J .	4 .	. A.	<b>*</b>	/ /	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	<del></del>	uet	0 × 710	t-in		eora	•	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	206. MATERNAL CAUSES							
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LABOR		22. STATE ALL O		FOR DEL	VERY		
None.			No:	ne.				
I hereby certify that I	23a. ATTENDANT'S SIGNAT	URE	(Specify if	M. D., midw	ife, or oth	er)	23b. DATE	SIGNED
attended the birth of this child who was born dead	mus	LOY)	rundo	En.	m	Å.	5-1	2-52
on the date stated above	23c. ATTENDANT'S ADDRESS	0	If NOT   24. SI	GNATURE OF	AUTHOR	IZED OFFICIA	L	TITLE
at 8 Mm m.	Boise As	les	attended by physician				_	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE 25c. NAME OF C		OR CREMATORY	25d, LC	CATION	City, town, or	county)	(State)
	av 10 1952 hour	. 1	/.	1		Ida.	,	(2000)
	STRAR'S SIGNATURE	- 7×	26. FUNERAL DIF				DDRESS	<del></del>
5-/3-52 REG.	mariel Pol				n_C41			
0-13-52	i expece Julmen	4	Schreiber	-MCCAL	11-011		720	<del></del>
	•	7	<i>U</i> .	16		J		



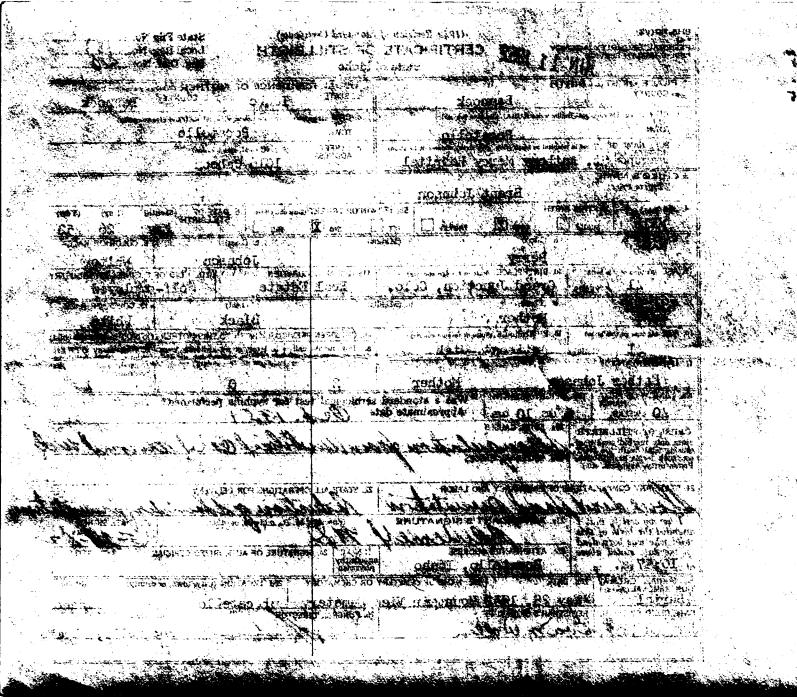
PHS-797(VS) I-48		1949 Revision of	Standard Certificate	e)	State File	No	مكرر
FEDERAL SECURITY AGENCY TO THE TIFICATE OF STILL RIDTH LOCAL ROY NO.						No. 182	
PUBLIC HEALTH SERVICE	MAY 28 195					No. 370	
1. PLACE OF STILLBI	REIVISION OF	VITAL	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	=
a. COUNTY Ada	STATIS		a. STATE		b. COUNTY Ad	2	
b. CiTY (If outside corporate	limits, write RURAL and give to	ownship)	c. CITY (If outside or	orporate limite, write		township)	_
or TOWN Boise			UK	Lse.			
c. FULL NAME OF (If not in HOSPITAL OR	n hospital or institution, give stre	et address or location)	d. STREET	(If rural, give loc	eation)		
INSTITUTION St I	ukes Hospit	al.	ADDRESS R.	.D. # 4.			
3. CHILD'S NAME							=
((Type or Print)	DONATA KAY C	LDHAM.					
4. SEX 5a. THIS			WIN OR TRIPLET (This o	bild born) 6. DAT	E OF (Mont	h) (Day) (Yes	ar)
Female single	: 🖾 TWIN 🗆 T	RIPLET 1ST	2ND	3RD   May	שדמומו	1952.	
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE	
	Oldham.					White.	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or	foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUS	TRY
26 YEARS	Seagoville	. Texas.	Dairyman.		Allenb	augh Dair	V .
2. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR OR RACE	
NAME	La Vonne	May	<del>-</del>	Leetch		White.	
4. AGE (At time of this birth)	15. BIRTHPLACE (State of	foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO T	HIS MOTHER (	Do NOT include this c	hild)
24 YEARS	Iowa.		a. How many chil- dren are now living?	b. How many born alive but ar	children were	c. How many OTH children were stillb	ER
7. INFORMANT	- 1 B.D. #	4. Boise,		1_	2011 4044	(born dead after 20 we pregnancy)?	eks
Donald C.	Oldhan	I daho	2	0		0,37	
NANCY I	b. WEIGHT AT BIRTH   19	Was a standard	serological test f	or syphilis p	erformed?	Yes. No	
3ん WEEKS	OZS.	Approximate da	te			y39	
CAUSE OF STILLBIRTH		1/				/	
State only morbid conditions ausing fetal death (do NOT use such terms as Stillbirth,	not	Know	N				
rse such terms as Stillbirth, Prematurity, Asphyxia, etc.)	, 206. MATERNAL CAUSES	<del>,</del>					
	1 Out Kn	own -					
21. STATE ANY COMPLICATION	ons of pregnancy and i	_ABOR	22. STATE ALL OPER		VERY		
none.			/V on	بد.			
I hereby certify that I	230 ATTENDANT'S	<del>24</del> //		D., midwife, or oth	er)	23b. DATE SIGNED	
utended the birth of this child who was born dead	11 WEND	Judma	ndeen a	7 <u>X</u>		5-12-52	_ ^
on the date stated above		RESS /	If NOT 24. SIGNAT	TURE OF AUTHOR	RIZED OFFICIAL	. TITLE	•
it 9 A m.	min to	lolio	physician				
5a. BURIAL, CREMA- 25i FION, REMOVAL (Specify)	1 .	NAME OF CEMETER		25d. LOCATION			(e)
Burial III	ay. 12. 1952	Clover	dale Memor	<u>rial Par</u>	k. Boi	so, Idaho	•
DATE REC'D BY LOCAL REG.	GISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR	AD	DRESS	
5-27-52	Mystle Ja	lmer at	Summers 1	uneral	Home, 1	Boise, Ida	aho.
,	.)		Clesso ?	5 Klus	m	neus	
				مح مررح			
Form DPH_48020			•				

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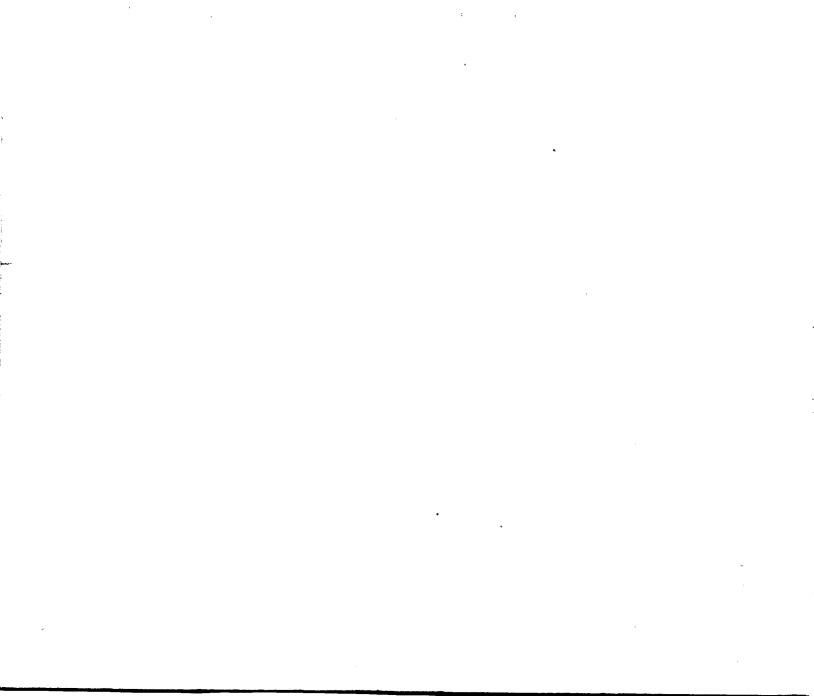
PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE		NCY IIII	CEMPED Sion of CERTIFICATE	OF STILLE	icate) BIRTH	State File Local Reg Reg. Dist.	. No	90 70 70
1. PLACE OF S a. COUNTY A	rillbir la	тн 8	TATISTICS	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE L daho				
b. CITY (If outside corporate limits, write RURAL and give township) OR JOWN & Boise					s, write RURAL and give	township)		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.			d. STREET (If rural, give location) 2000. Warm Springs. Avenue.					
3. CHILD'S NAI	)	MES	HAMPTON	HELSPE				
4. SEX	5a. THIS I	BIRTH	5b. IF T	WIN OR TRIPLET (T	his child born	6. DATE OF (Mon	th) (Day)	(Year)
Male.	SINGLE		TRIPLET 1ST	2ND		CTILL DIDTILL	1952	(102)
7. FATHER'S NAME		a. (First)	b. (Midd		c. (L	ast)	8. COLOR O	R RACE
		<u>Dale</u>	Har	ıpton	Нe	lsper.	White	<b>,</b>
9. AGE (At time of the	is birth)	10. BIRTHPLACE (St		11a. USUAL OCCU		11b. KIND OF		
41.	YEARS	Elwood,	Indiana.	Investig	ator,	Departmen	t of I	abor
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (L	ast)	13. COLOR C	OR RACE
NAME		Lucy	Ma	ae	Gree	n	Whit	:e.
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8	ate or foreign country)	16. CHILDREN PR	EVIOUSLY BOR	N TO THIS MOTHER (		
27	YEARS	Colorado	•	a. How many ch		nany children were but are now dead?	c. How man	V OTHER
Bru J.	Hus	per Ba	Lerm Spungian	dren are now livin		None •	children wer (born dead af pregnancy)? I.O.	re stillborn ter 20 weeks 10 •
18a. LENGTH OF PRI NAN TO WEEKS	18b.	LBS. 6 COZS.	<sup>19</sup> Was a standard Approximate da	serological tes te	t for syphi	lis performed?	YesV	36.1
CAUSE OF STILL State only morbid causing fetal death (	onditions	20a. FETAL CAUSES	Som actofor,	not lear	k yet	4	7	
causing fetal death (use such terms as S Prematurity, Asphyx		20b. MATERNAL CA	secute Pres	ing to fren	tion o	pparate	<b>.</b>	
21. STATE ANY COM			ND LABOR	22. STANTE ALL OP	ERATIONS FOR	DELIVERY		
		- exufet		non				
I hereby certify attended the birth	of this	238. ATTENDAN	T'S SIGNATURE	70	d. D., midwife,	or other)	23b. DATE SI	GNED
child who was bor on the date states at <b>4:35</b>		23c. ATTENDANTS		If NOT 24. SIG	NATURE OF AU	JTHORIZED OFFICIAL	5/20	TITLE
25a. BURIAL, CREM TION, REMOVAL GOO Crematio	A- 25b. Hy) N • M 8	DATE 1.y. 20. 1	250. NAME OF CEMETERY			TION (City, town, or	ounty)	(State)
DATE REC'D BY LOC		STRAR'S SIGNATURE		2. Colory of	CE /	1 Home, B	oise.	ر Idaho

The state of the court of the court of the The state of the s CONTRACTOR OF THE STATE OF THE .Les lozof avendels TELEBER. THE PLANT OF THE OR THE COMMENT OF THE SECOND STATES OF THE ORIGINAL SECONDS S Hampen Start Walton Barantacht of Tabo Bu on and a whole - See See in the gri Tens. Long. Lens. Paragraph a simple of the second teachers are the second of the second had to write at the had not the same .nenous .:

PHS-797(VS) 4-49 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE 11 1952	RTH Loca	File No				
1. PLACE OF STILLBIRTH a. COUNTY		2. USUAL RESID	ENCE OF MOTHER	(Where does mother live?)		
Banr Banr	nock		daho b. cou			
b. CITY (If outside corporate limits, write RURAL and OR	give township)	c. CITY (If outside of	orporate limits, write RURAL	and give township)		
	tello	TÖŴN	Pocatello			
c. FULL NAME OF (If not in hospital or institution, gt HOSPITAL OR INSTITUTION St. Anthony Merc	ve street address or location) y Hospital	d. STREET ADDRESS	(If rural, give location) 1016 Cahoon			
3. CHILD'S NAME ((Type or Print) Brent Johnson						
4. SEX 5a. THIS BIRTH	5b. IF T	WIN OR TRIPLET (This	hild born) 6. DATE OF	(Month) (Day) (Year)		
Male single Twin X	TRIPLET 1ST	2ND X	3RD STILLBIRTH	May 26 52		
7. FATHER'S a. (First) NAME	b. (Midd		c. (Last)	8. COLOR OR RACE		
Perry			Johnson	White		
	ction, Colo.	11a. USUAL OCCUPAT Real Est	TON 11b. KII	nd of business or industry  lf-employed		
12. MOTHER'S a. (First) MAIDEN	b. (Midd	le)	c. (Last)	13. COLOR OR RACE		
NAME Esther			Black	White		
_	tate or foreign country)			HER (Do NOT include this child)		
41 YEARS Antimony 17. INFORMANT	, Utah	a. How many children are now living?	b. How many children born alive but are now de	(born dead after 20 weeks		
Esther Johnson	Mother	2	0	pregnancy)?		
18a, LENGTH OF PREGNANCY 40 WEEKS 6 LBS. 10 ozs.	Approximate dat	serological test f	or syphilis perform	ed? Yes. No		
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	- 1 /	on/fub	heif our	around week		
21. STATE ANY COMPRICATIONS OF PREGNANCY A	ND LABOR LECULATION	22. STATE ALL OPERA	TIONS FOR DELIVERY	eder presentates		
attended the birth of this child who was born dead	T'S SIGNATURE	(Specify M. I	., midy (a, or other)	23b PATE SIGNED 5-18-5-2		
on the date stated above at 10:57 a. m. Pocatel	lo, Idaho	physician	URE OF AUTHORIZED OF	FICIAL TITLE		
25a. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  May 28, 1952	25c. NAME OF CEMETERY Mountain View	1	25d. LOCATION (City, tov			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	mominatii ATA	26-FUNERAL DIRECTO	Pocatello P	ADDRESS Idaho		
JUN 10 1952 Liva m. W d	len	Junke	melan	Pocatello. Idaho		
		1		TAG 110		



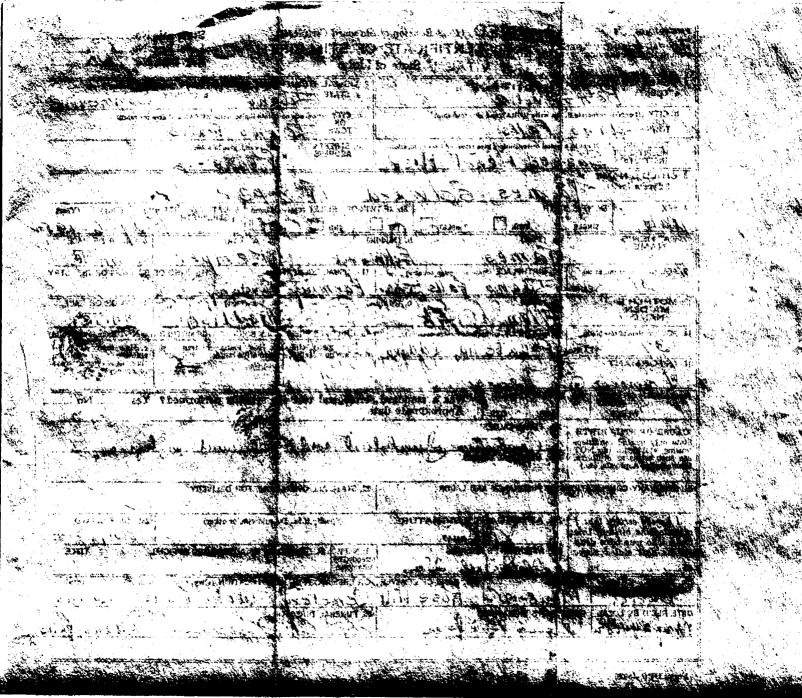
PHS-797(VS)	(1949 Revision of	Standard Certificate	e) State	File No.
4-48 FEDERAL SECURITY AGENCY	CEDTIE!CATE	OF STILLBIF	TH Local	l Reg. No.
PUBLIC HEALTH SERVICE	MAY 9 A 1816 of	Idaho	Reg.	Dist. No5.52
1. PLACE OF STILLBIRTH		2. USUAL PESID	ENCE OF MOTHER	(Where does mother live)
a. COUNTY	vision of vita	a. STATE	b. cou	Sundah.
b. CITY (Il outside corporate limits, write RURAL at	ad gips township)	c. CITY (If contains or	rporate limits, write RURAL	and give township)
TOWN Montbehire	Word-	TOWN	egetown	Adaho
C. FULL NAME OF AT 1 in hospital of the true ion, HOSPITAL OR INSTITUTION	give street address or location)	d. STREET	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Harra			
5a. THIS BIRTH	5b. IF 1	WIN OR TRIPLET (This	hild born) 6. DATE OF STILLBURY	(Month) (Day) (Year)
MANUAL SINGLE TWIN	TRIPLET L 1ST L		3RD ☐ ☐	my 10, 1922.
7. FATHER'S (F)st)	b, Garido		c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. FIRTHPLACE	(State or foreign country)	17a. USUAL OCCUPAT	-0	ND OF BUSINESS OR INDUSTRY
YEARS PLANTED	wir Jasho	farm	ng	
12. MOTHER'S MAIDEN NAME	b. (Mide	dle)	c. (Last)	13, COLOR DR BACE
14. AGE (At time of this birth) 15 BIRTHPLACE	(State or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THIS MO	THER (Do NOT include this child)
The YEARS Paris	Idaho.	a. How many chil- dren are now living?	b. How many children born alive but are now d	ead?   children were stillborn
17. INFORMANT	<del>- V</del>		72	(born dead after 20 weeks pregnancy)
I Sepus as. Offarter.		12	11010	Mone
18a. LENGTH OF PRES- 18b. WEIGHT AT BIRTI	was a standard		for syphilis perform	ned? Yes No
WEEKS   D LBS. / OZ	ree		-> -	<del>y 52.7</del>
State only morbid conditions	Unlan	wn		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	causes Early to	fenna of	pregnance	9
21. STATE ANY COMPLICATIONS OF PREGNANC	Y AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
non		no	~~	
attended the birth of this	ANT'S GIGNATURE	(Specify if M.	D., midwife, or other)	23b. DATE SIGNED
on the date stated above 23c. ATTENDANT	S ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED C	OFFICIAL TITLE
25a SIRIAL CREMA- 25a DATE TON REMOVAL GOODS	25c. NAME OF CEMETER	RY OR CHEMATORY	25d. LOCATION (City, to	own, or county) (State)
DATE REC'D BY LOCAL REGISTRATE PRIGNA	Me a municipal	26 FUNERAL DIRECT	TOR TOR	ADDRESS
lay 12,1952	July _	1/hell	(anaws)	commency sa
<u> </u>				



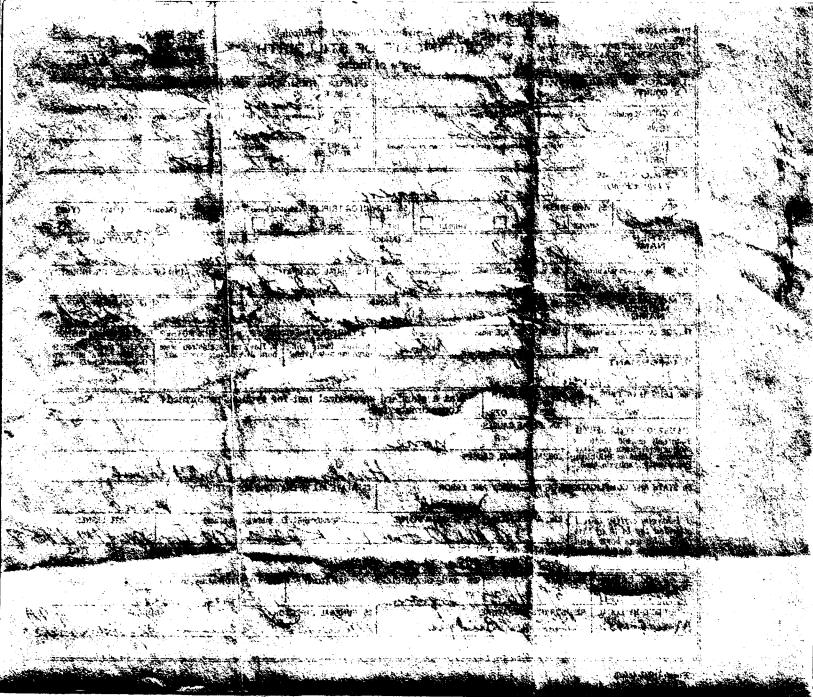
PHS-797(VS) 4-48	(1949 Revision of	Standard Certificate	s) State File	No. UJO
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	CERTIFICATE	OF STILLBIF		4 1 7
	HECE State of	Idaho	Reg. Dist.	No4-/_
	MAY 28 1952 MISION OF VITA		HO b. COUNTY	BLAIKE
TOWN / AILE	and the STATIST	c. CITY (If outside or TOWN	Proporate limits, write RURAL and give	e township)  JE
c. FULL NAME OF (If not in hospital or institution HOSPITAL OR HAILE	a, give street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)  MAR	YANN	KAU	FMAN	
4. SEX 5a. THIS BIRTH SINGLE TWIN	TRIPLET 1ST	WIN OR TRIPLET (Thise	6. DATE OF (Mon STILLBIRTH	th) (Day) (Year) - 17-52
7. FATHER'S WILLIAM	HUG H	' //	FMAW	8. COLOR OR RACE
9. AGE (At time of this birth)  49 YEARS  10. BIRTHPLAC	(State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY -SILVER
12. MOTHER'S MAIDEN NAME MARTH	7 / NA	•	IV/E	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLAC	(State or foreign country)		DUSLY BORN TO THIS MOTHER	
39 YEARS QUEHSA	E UTAH	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT ausm	a 110	/	1	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- 1 18b, WEIGHT AT BIRT	H   19 Was a standard	serological test f	or syphilis performed?	
42 WEEKS II LBS. Q O	Approximate da	te Feb. 1	. 1952	V39.6
CAUSE OF STILLBIRTH 20a. FETAL CAU	SES			7
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL	CAUCES			····
Prematurity, Asphyxia, etc.)	m	e		
21. STATE ANY COMPLICATIONS OF PREGNANCE	Y AND LABOR	22. STATE ALL OPER	Lee Uni	
I hereby certify that I attended the birth of this child who was born dead	ALL DAN	(Specify M. I	O., midwife, or other)	23b. PARTE SIGNED
on the date stated above 23c. ATTENDAN at m.	Jelalio I de la la la la la la la la la la la la la	If NOT attended by physician	TURE OF AUTHORIZED OFFICIA	L TITLE
256 BURIAS CREMA- TION, REMOVAL (Specify) 4-19-9	25c. NAME OF CEMETERS  BELLE	Y OR CREMATORY VUE	25d. LOCATION (City, town, or BELLEVUE	County) TOA,
DATE REC'D BY LOCAL DEGISTRAR'S SIGNAT May 15-1952 Volent	W. Wright-per	26 POTERAL DIRECT	Toldrick -	Haily.
	Celan	y. 1		7

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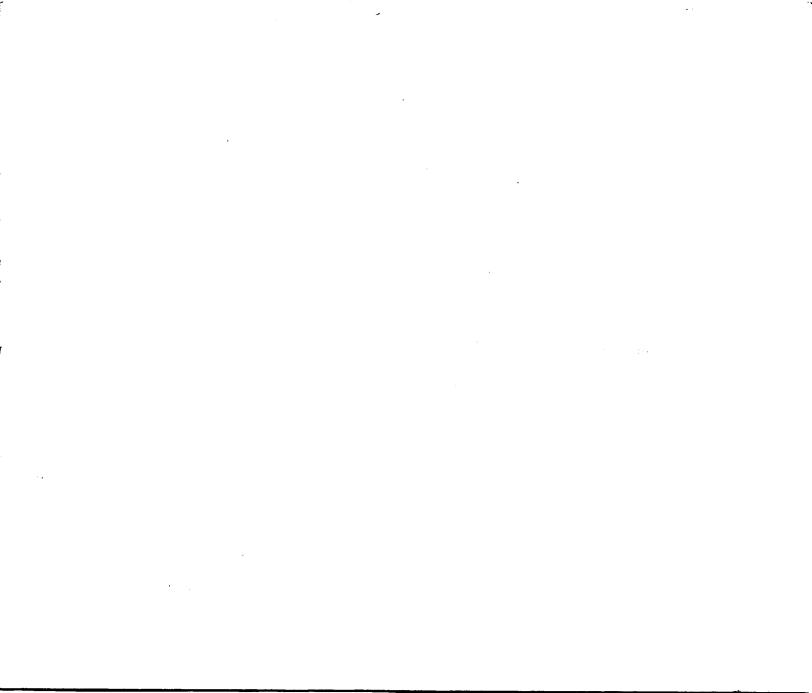
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PHS-797(129) RECEIVED (1949 Revision of		State File No
FEDERAL SECURITY AGENCY 11 N 1 2 1952 ERTIFICATE	OF STILLBIRTH	Local Reg. NoXZ
JUIL OF WAR GIRD OF		Reg. Dist. No
DIVISION		
a. COUNTY	2. USUAL RESIDENCE OF MO	THER (Where does mother live?)
". COUNTY DON neville	a. STATE = daho	b. COUNTY Bonneville
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate limits, write)	
TOWN Idaho Falls	II OR, .	
	701 91 11	Talls
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS ADDRESS	ation)
institution Dacked Hearl Hisp.	Toute	-15
3. CHILD'S NAME		
((Type or Print) Tames Edward	d Kempau	\/~~
	WAY OF TRIPLET	X71
	WIN OR TRIPLET (This child born) 6. DATI	E Of (Month) (Day) (Year)
TRIFEE 131		1-104-6-1952
7. FATHER'S a. (First) b. (Midd	le) c. (Last)	8. COLOR OR RACE
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	vard Kemi	ber white
9. AGE (At time of this birth)   10. BIRTHPLACE (State or foreign country)	10011	11b. KIND OF BUSINESS OR INDUSTRY
38 37346 1016 -10	$\rho$	THE KIND OF BUSINESS OR INDUSTRY
TENED JAKANO JAKO LAGO	Farming- Hanching	
12. MOTHER'S a. (First) b. (Midd	ile) (Last)	13. COLOR OR RACE
NAME E//en +/e	reddi	sh   White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO T	HIS MOTHER (Do NOT include this child)
37 YEARS FOCATE 110 Jdaha	a. How many chil- b. How many c	hildren were   c. How many OTHER
17. INFORMANT	dren are now living? born alive but are	now dead? children were stillborn (born dead after 20 weeks
		pregnancy)?
James G. Telliger		
189 LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis pe	rformed? Yes No
// WEEKS LBS. OZS. Approximate da	te.	36.0
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		y 2010
State only morbid conditions	0 0 0 0 0	+ 0
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	acar and c subsequen	s assumas
Prematurity, Asphyxia, etc.)	•	v
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIV	/ERY
,		
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other	r) 23b. DATE SIGNED
attended the birth of this	, , , , ,	5/01/52
on the date stated above 23c. ATTENDANT'S ADDRESS	TANON I DE CIONITURE OF AUTOCO	
	If NOT 24. SIGNATURE OF AUTHOR attended by	ZED OFFICIAL TITLE
at m. Shalls Jalls Idaka	physician	
25a. BURNAL, CREMA- 25b. DATE 25c. DATE OF CEMETERY	OR CREMATORY 25d. LOCATION (	City, town, or county) (State)
Durial May 8-1952 Nose Hill	(emetery Idah	o Falls Idano
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS (
May 2 44 REG. Days of Stinders	1000	aus Idano falls
INTER TOTAL	wor. one	<u> </u>
·	′	



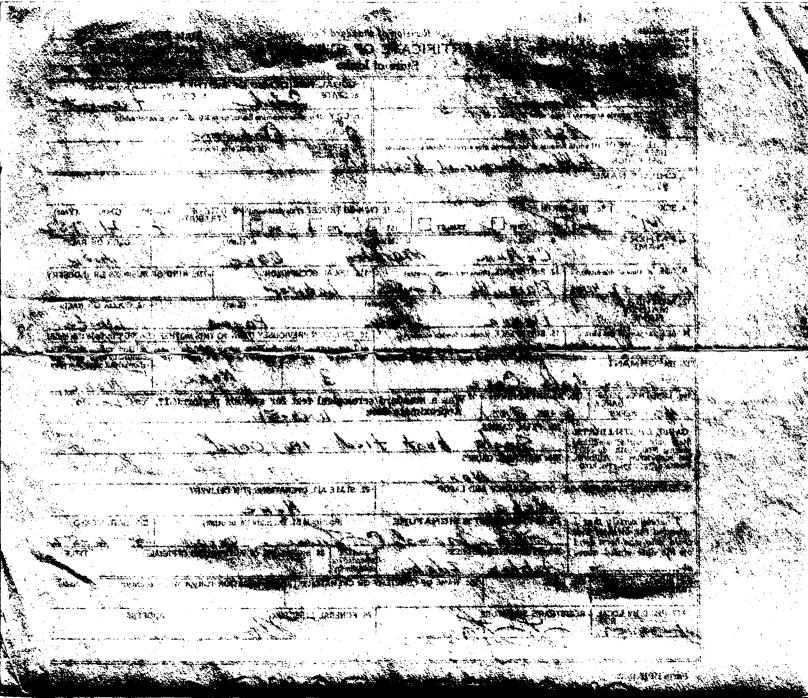
RECEIVED		• •	<u>0</u> 70
	f Standard Certificat	e) State File	No.
FEDERAL SECURITY AGENCYUN A JAFRTIFICATE	OF STILLBI	RTH Local Res	. No. 73
I TODE TO THE SERVICE I TO I SERVICE		Reg. Dist.	
STATISTICS State	of Idaho	Reg. Dist.	. No
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	e does mother lime?)
a. COUNTY Bonney	a. STATE	b. COUNTY	kg -
b. CiTY (If outside corporate limits, write RUDAL, and two township)	- CITY (I	ano.	10 onn
TOWN Isles Falls.	c. CITY (If outside of OR TOWN	property limits write RHRAL and giv	township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(If rural, give location)	Water
3. CHILD'S NAME		<u> </u>	
((Type or Print) Baby Hove	Cy		
4. SEX 5a. THIS BIRTH 5b. IF	FWIN OR TRIPLET (This	shild born) 6. DATE OF (Mon	th) (Day) (Year)
Maco, SINGLE TWIN TRIPLET 1ST	2ND 🗌	3RD STILLBIRTH	L P. 1932
7. FATHER'S B. (First) b. (MI	idle)	c. (Last)	. COLOR OR RACE
I am I	estie	Hovey	Whate
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b TIND OF	BUSINESS OR INDUSTRY
2) YEARS Logan Wal	Buds	et and	
12. MOTHER'S  MAIDEN  NAME  D. (Min)	idle)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		OUSLY BOOK TO THIS MOTHER	(Do NOT include this shift)
40   <i>E</i>	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT	dren are now living?	born alive but are now dead?	children were stillborn
1. INFORMANT	none	74	(born dead after 20 weeks pregnancy)?
Gul J. Hovey	rone	None	none.
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	l serological test	or syphilis performed?	YesNo
WEEKS LBS. OZS. Approximate d	ate.		V39.5
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	·		<del>y 5113</del>
State only morbid conditions			,
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES			
Prematurity, Asphyxia, etc.)	Hudson	sions meld to	oxidy
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 STATE ALL OPER	ATIONS FOR DELIVERY	
MUTHLE .		V	one
I hereby certify that I 23a. AT KENDANT'S SIGNATURE	(Specify If Mg. 1	O., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	1. KO	esmel	neray 10 2/95
on the date stated above 23c. ATTENDANT'S ADDRESS A	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
at m. Idalo Falls day	attended by physician		- V
25a, BURIAL, CREMA- 25b, DATE 25c. NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Temoral 0/10/62 Jogan	<u> </u>	Jogan W	alo
DATE REC'D BY LOCAL REGIS RAR'S SIGNATURE	26. FUNERAL DIRECT	OR///// AD	DRESS 10 000
May 8-1932 Soma Budger	Olemner	Willam 1	restrang Islaho
U			7



PHS-797(VS)		of Standard Certificate)	State File No.
FEDERAL SECURITY AGEN	YCY PERVEICATE	OF STILLBIRTH	Local Reg. No
	MAY 2 7 1952State	of Idaho	Reg. Dist. No
1. PLACE OF STILLBIR		2. USUAL RESIDENCE OF MO	b. COUNTY (Where does nother live?)
b. CITY (If outside corporate lin	udite, write RURAL and give township)	c. CiTY (If outside exporate limits, write OR TOWN	
c. FULL NAME OF (If not in I HOSPITAL OR INSTITUTION (II)	hospital or institution, give street address or location)	d. STREET (If rural, give I	304.
3. CHILD'S NAME ((Type or Print)	Cheryl Fau	1 Ganin	1e/.
4. SEX 5a. THIS I	BIRTH 5b. IF		TE OF (Month) (Day) (Year)
7. FATHER'S NAME	h. (First) b. (Mi	ddle) c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth)  7 O YEARS	10 B)RTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) ristine Kath	ddle) c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)  YEARS	15. BIRTHPLACE (State or foreign country)	a. How many chil- b. How many	THIS MOTHER (Do NOT include this child) children were   c. How many OTHER
17. INFORMANT  MAY THAT	ry Hammel	dren are now living?   born alive but a	children were stillborn (born dead after 20 weeks pregnancy)?
	WEIGHT AT BIRTH   19 Was a standar	d serological test for syphilis	performed? Yes No.
36 WEEKS	LBS. OZS. Approximate d		04.52
CAUSE OF STILLBIRTH State only morbid conditions couping fetal death (do NOT	20a. FETAL CAUSES		y 32.4
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES  To Lewis	with me	A. hypertenium
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DE	LIVERY
I hereby certify that I	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or ot	her) 23b. DATE SIGNED
attended the birth of this child who was born dead	Elizabe	Th Z. Mun	~ Ma 5/10/52
on the date stated above at 2 40/2 m.	23c. ATTENDANT'S ADDRESS CALDWELL Gol	If NOT attended by physician	BIZED OFFICIAL TITLE
TION, REMOVAL (Specify)	DATE 25c. NAME OF CEMETE		(City, town, or county) (State)
	ay 12–1952   Parma istrar's signature⊘	26. FUNERAL DIRECTOR PACK	Idaho am-Dakapel
5/24/52 a	mes malenman		Man
, ,	U	C,1	dwell, Idaho
· · ·	- 1,	· · · · · · · · · · · · · · · · · · ·	



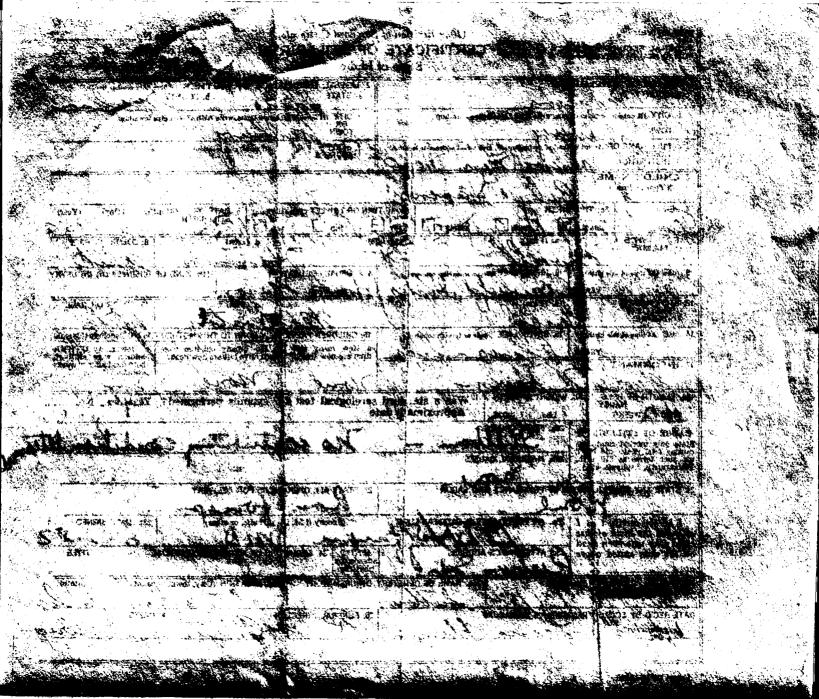
1	RECT	•		· ~.	•
PHS-797(VS)	um 2 3 12	(1949 Revision of	Standard Certificat	e) State Fil	e No. 000
FEDERAL SECURITY	ERE VITA	CERTIFICATE	OF STILLBII		
POBLIC HEALTH	STATISTICS	State of			No.6.5-1
1. PLACE OF STIL			2 USUAL RESID	DENCE OF MOTHER (Whe	
a. COUNTY	1 som mit		a. STATE	b. COUNTY	Te does mother liver)
b. CITY (If outside corp	porate limits, write RURAL and	give township)	C CITY (If outside a	orporate limits, write RURAL and gi	Tremont
OR TOWN	Ashton		OR TOWN	Or J. J.	re township)
c. FULL NAME OF (II		ive street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION	not in hospital or institution, g	1 1/200	ADDRESS	(11 Idial, give location)	
3. CHILD'S NAME	DILL TELEP	AFIRI POSP.	<u> </u>		
(Type or Print)					
4. SEX 5a.	THIS BIRTH	5b. IF 1	TWIN OR TRIPLET (This	phild born) 6. DATE OF (Mo	nth) (Day) (Year)
	INGLE TWIN	TRIPLET 1ST	2ND	STILLBIRTH 4	nth) (Day) (Year) 4 - 21-1952
7. FATHER'S NAME	a. (First)	b. (Mide	<b>7</b> .	c. (Last)	8. COLOR OR RACE
	Cn/lum		ley	Case	white
9. AGE (At time of this bir	th) 10. BIRTHPLACE (8	state or foreign gountry)	134. USUAL OCCUPA		F BUSINESS OR INDUSTRY
32 Y	EARS   Plainui	le Kansas	Labore	سوه	
12. MOTHER'S MAIDEN	a. (First)	b. (Mide	ile)	c. (Last)	13. COLOR OR RACE
NAME	Donna	Viole	2	Parne	White
14. AGE (At time of this bir	th) 15. BIRTHPLACE (8	State or foreign country)	16. CHILDREN PREVI	DUSLY BORN TO THIS MOTHER	(Do NOT include this child
	EARS   Sq mirrol	Ideho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	()		2	1	(born dead after 20 weeks pregnancy);
Donna	Viola Cas	<u>e</u>	1 3	None	None
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis performed?	Yes / No
40 WEEKS	LBS. 8 OZS.	Approximate da	te //-/3-		V36.0
CAUSE OF STILLBIR	RTH 20a. FETAL CAUSES		/ /	,	75015
State only morbid condi	tions Sing	e knot t	red in	Cord	·
causing fetal death (do l use such terms as Stillb Prematurity, Asphyxia, et	oirth, 20b. MATERNAL CA	AUSES			
		Vone			
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	None		N	ne	
I hereby certify the		T'S SIGNATURE	(Speciful M. I	)., midwife, or other)	23b. DATE SIGNED
uttended the birth of child who was born d	lead A a	Tranch (	Zam	~ . 7× · D.	4-21-52
on the date stated al	bove 23c. ATTENDANT'S	ADDRESS	attended by	TURE OF AUTHORIZED OFFICIA	AL TITLE
ıt m	Ashton	Ldeko	physician		
5a, BURIAL, CREMA- ION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	r county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIMPATURI		26. FUNERAL DIRECT	AI AI	DDRESS
4-26-52		asse		lone -	
-					



PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SE	RVICE	IIIN 2	CHARILLE	AIL	Standard Certificati OF STILLBII Idaho	te) RTH	State File Local Reg Reg. Dist.		091 597
1. PLACE OF S			TIGE		2. USUAL RESI	SENCE OF M	THER (W)		
a. COUNTY	Gem	- Billern	,,,,,,,		a. STATE	Idaho	b. COUNTY	Gen Gen	17)
b. CITY (If outside OR TOWN	Emm	mite, write RURAL an	d give township)		c. CITY (If outside of OR TOWN	orporate limits, write Immett	e RURAL and give	e township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	f (If not in 1	ry Secor		ocation)	d. STREET ADDRESS	(If rural, give I Box 966	ocation)		
3. CHILD'S NAI ((Type or Print)		Baby S	Stanberr	У				<del></del>	
4. SEX	5a. THIS	BIRTH		5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
unknown	SINGLE		TRIPLET	1ST	2ND	3RD ☐ ST	TE OF (Mon ILLBIRTH ILQ.	7 17,19	52
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OF	RACE
	$\mathbb{B}_{0}$	dw <b>in</b>	Earı	nest	Stan	berry		whit	е
9. AGE (At time of the	is birth)	10. BIRTHPLACE	State or foreign count	ry)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
<u> </u>	YEARS	Yuma, (	Colo.		Mechanic		wrecki	ing	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	•	c. (Last)		13. COLOR O	
NAME		Martha	Eliza	betl	n Cr	ank		white	
14. AGE (At time of thi	is birth)		State or foreign count	ry)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER	(Do NOT includ	le this child)
32	YEARS	Emmett,	Iāah <b>o</b>		a. How many chil- dren are now living?	b. How many born alive but a		c. How many	OTHER stillborn
17. INFORMANT	Es	nest	Stand	my	6	0		(born dead aft pregnancy)?	er 20 weeks
18a. LENGTH OF PRI NAN WEEKS	EG- 18b.	WEIGHT AT BIRTH		andard nate da	serological test	for syphilis p	performed?	Yes	No. V.
CAUSE OF STILL State only morbid o causing fetal death ( use such terms as a		20a. FETAL CAUSE	Menor	in	Pailim	pfan	unafte	m .	<del>/</del> .
use such terms as a Prematurity, Asphyx	ia, etc.)	20b. MATERNAL C	AUSES						
21. STATE ANY COM	PLICATION	IS OF PREGNANCY	AND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	.IVERY		
I hereby certify attended the birth child who was bor	of this	23a. ATTENDA	NT'S SIGNATI	JER	(Specify if M.)	D., midwife, or ot	her)	23b. DATE SIG	SNED 'S Z
on the date states		23c. ATTENDANT'S	ADDRESS		If NOT attended by physician	TURE OF AUTHO	RIZED OFFICIA	L / /	TITLE
25a. BURIAL, CREM TION, REMOVAL (8pec DULT 1 2.1	A- <b>25</b> b.	DATE Ly 19.195	4	emetery rersi	OR CREMATORY	25d. LOCATION Emme			(State)
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNATUI			26. FUNERAL DIRECT		113149	PARESS	Idaho
1 7 11	0	(A.	- The same		2000	Var United D	<u> </u>	<u> </u>	Treeten.

in the the section of the last Additional ac 6356. turisti. ite Koth in comes a regardler a point to make the consideration of the state of Canada State Was T I Dinasta

FEDERAL SECURITY HINC1 1 1952 CERTIFICATE			No. 22 No. 23 No. 230
State of	Idaho	reg. Dist	. No
1. PLACE OF STILLBIATH a. COUNTY  Madison.	2. USUAL RESID	b. COUNTY	Medican
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. CITY (If outside so OR TOWN	orate limits, write RURAL and giv	
c. FULL NAME OF the not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  Maddoon  Mem.	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Haven			
SINGLE X TWIN TRIPLET 15b. 1FT	WIN OR TRIPLET (This ob	ild born) 6. DATE OF (Mon STILL BIRTH	1th) (Day) (Year) 30 1952
7. FATHER'S NAME  NAME  D. (Midd)	. )	taveno	8. COLOR OR RACE
9. AGE (At time of this birth) 10. DIRTUPLACE (Stage of foreign country) 23 YEARS TURLED JAMES	BALL STORES	ON 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  A. (First)  b. (Midd)	le) Wen	(Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTYPLACE (State or foreign country)	16. CHILDREN PREVIO	USLY BORN TO THIS MOTHER	(Do NOT include this child)
2/ YEARS Hand Jaks.	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
Merry H. Havens	none	None	(born dead after 2º weeks pregnancy)?
18a/LENGTH OF PREG-NANCY WEEKS  LBS. OZS.  19 Was a standard Approximate dat	serological test fo	or syphilis performed?	
CAUSE OF STILLBIRTH State only morbid conditions causing stel death (do NOT	no so	tributing es	ondition deter
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STAPE ALL OPERA	TIONS FOR DELIVERY	<del></del>
hone,	how	tones	•
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D	, ndiwife, or other)	23b. DATE SIGNED 2.5 2
atm. Celling Jan	If NOT 24. SIGNAT attended by physician	URE OF AUTHORIZED OFFICIA	AL TITLE
25a. BURIAL, CREMA. 25b. DATE 25c. NAME OF CEMETERY S/3//52 Sulfon	OR CREMATORY	25d. LOCATION (City, town, or Mark	pounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  6/8/52  LOVA  FLAMM	26. FUNERAL DIRECTO	Re Offamer	DORESS Relbuy
			) - J



PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SER	KAICE	vey JUL 17 🏌	F 1949 Revision of 958 TIFICATE VITAL State of	OF STILLBIF	RTH Local R	tle No. 093 eg. No. 2#6 st. No. 370
1. PLACE OF ST a. COUNTY	FILLBIR A.d		TICS	a. STATE	ENCE OF MOTHER (WI b. COUNTY	
OR TOWN	Bois			C. CITY (If outside or OR	Poi Se	
HOSPITAL OR INSTITUTION	St		e street address or location) ospital	d. STREET ADDRESS 28	(If rural, give location) 02 Colorado	
3. CHILD'S NAM (Type or Print)		BABY GIR	L WELLS		_	
4. SEX	5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF (M STILLBIRTH	onth) (Day) (Year)
Fenale	SINGLE		TRIPLET IST	2ND	STILLBIRTH	June 28, 1952
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
<u> </u>		Novell	E.		Wells	White
9. AGE (At time of thi	is birth) YEARS	10. BIRTHPLACE (St. Idaho	ste or foreign country)	11a. USUAL OCCUPAT   Parm Sales		of business or industry
12. MOTHER'S	TEARS	a. (First)	b, (Midd		c. (Last)	son Mfg. Co.
MAIDEN			`	110)		
		Gladys	M.		Smith	White
14. AGE (At time of thi	e birth)	15. BIRTHPLACE (8ta	ate or foreign country)		DUSLY BORN TO THIS MOTHE	<del></del>
34	YEARS	<u>l llontana</u>		a. How many chil- dren are now living?	b. How many children we born alive but are now dead?	children were stillborn
17. INEQRMANT	16	Wells	•	6	1	(born dead after 2º weeks pregnancy)?
18a. LENGTH OF PRI	EG-   18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis performed	? Yes No
36 WEEKS	<sup>1CY</sup> 4	LBS. O OZS.	Approximate da		0, 1952.	V39.2
CAUSE OF STILL.	onditions	20a. FETAL CAUSES	Erothroblaston	is Fetelii.	•	/
causing fetal death (use such terms as S Prematurity, Asphyx	do NOT stillbirth, ia, etc.)	20b. MATERNAL CAL	ISES Kone.		- <del> </del>	
21. STATE ANY COM	PLICATION	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
Rha	nemy	atibility		More.		<del></del>
I hereby certify attended the birth child who was bor	of this	23a. ATTÉNDAN	t's signature mu (+7.CK	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED  Only 8,1952.
on the date states	d above	23c. ATTENDAM'S	ADDRESS	11 NOT   24. SIGNAT	TURE OF AUTHORIZED OFFIC	IAL TITLE
at 12:45 A	L m.	209 Main St	· Korne ·	physician		
25a. BURIAL, CREM TION, REMOVAL (Special)		DATE	25c. NAME OF CEMETERS	or crematory Le Memoria	25d. LOCATION (City, town,	•
DATE REC'D BY LOC		STRAR'S SIGNATURE	Almes	26. EUNEBAL DIRECTO	& Jums	se Idaho  ADDRESS  WW Boise Idal
				SUMMENS I	UNITED HOME	(Ia).

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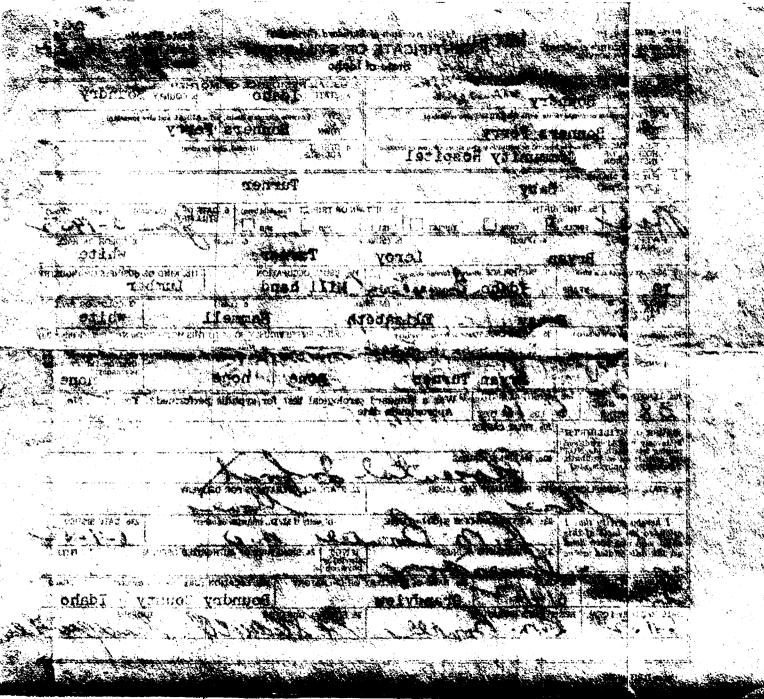
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  1. PLACE OF STILLBIRTH  1. PLACE OF STILLBIRTH	s) State File		
PUBLIC HEALTH SERVICE DIVISION OF STATISTICATION	RTH Local Reg	No/.7.1	
State			
a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (When	e dose mother live?)
Bannock	a. STATE Ids	tho b. COUNTY	Bannock
b. CiTY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside of	orporate limits, write RURAL and give	s township)
тойн Pocatello		atello	
c. FULL NAME OF (If not in hospital or institution, give street address or locati HOSPITAL OR INSTITUTIONBannock Memorial Hospit	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME	104	O East Terry	
(Type or Print)  John David Georg			
	. IF TWIN OR TRIPLET (Thise	LULL N C DATE OF CHAR	AL) (7)> (7)>
		STILLBIRTH _	( , , , , , ,
	IST 2ND (		une 6, 1952
NAME	Elmer	c. (Last)	8. COLOR OR RACE
Johnnie		George	white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
18 years Ashton, Idaho		Maval Ordinanc	
MAIDEN	(Middle)	c. (Last)	13. COLOR OR RACE
NAME Jeannine	Elsie	Jenkins	white
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (	Do NOT include this child)
19 years   Ashton, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT			(born dead after 20 weeks pregnancy)?
Jeannine George	None	None	None
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a stand	ard serological test f	or syphilis performed?	
28 WEEKS 3 LBS. 1克 ozs. Approximate	e date	1 A A'	V38,5
CAUSE OF STILLBIRTH 20a. FETAL CAUSES PERSONNEL	respersion	olulruction, e	tack wating
State only morbid conditions causing fetal death (do NOT 200b. MATERNAL CAUSES	1 , 9	· (	, so that we
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Q.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	A.A I
Grenature labor		with the same of t	let farceps,
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	E $\int \int \int S \int C dy if M. I$	midwife, or other)	23b. DATE SIGNED
on the date stated above 23c_ATTENDANT'S ADDRESS	II NOT   24. SIGNAT	TURE OF AUTHORIZED OFFICIAL	TITLE
at m. Socatello, Idah	attended by physician	TORE OF NOTHORIZED OFFICIAL	
25a. BURIAL, CREMA- 25b. DATE TION. REMOVAL (Specify)	ETERY OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Demoval Jun 7-52 Cepu	ron	cesaron -	Ida les
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL DIRECTO	manual Blotano	DRESS
MIN 2 4 1952 Tva M. Wallin	John W.	Grossman P	<u>ocatello.Ida.</u>
•			

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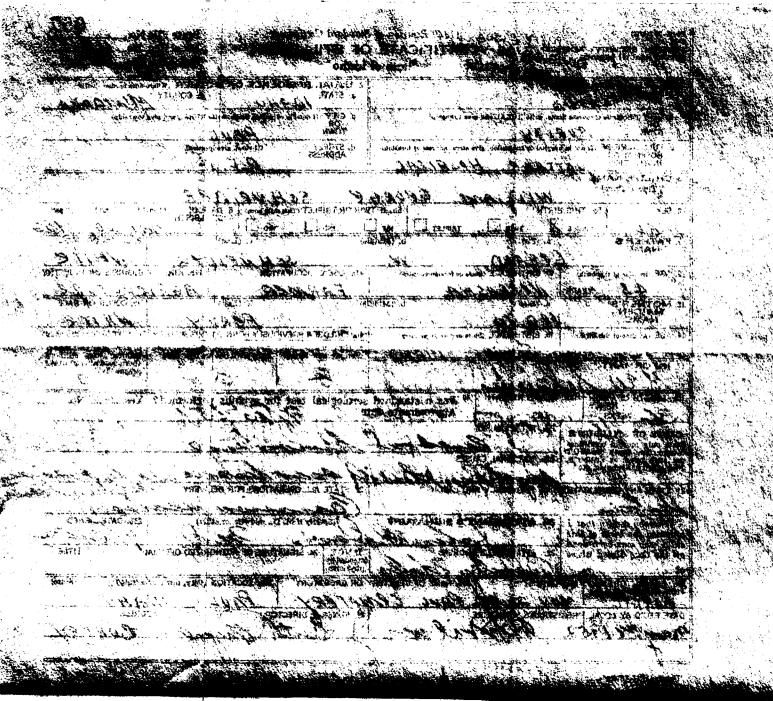
PHS-797(VS) 4-48			Standard Certificate		State File	No,	<u>095</u>
FEDERAL SECURITY ACENT PUBLIC HEALTH SERVICE	1952 CEF	RTIFICATE	OF STILLBIF	RTH .	Local Reg	4.71 4	********
10	ON OF VITAL	State of	Idaho		Reg. Dist.	No. 5.10	
1. PLACE OF STOLER	EATISTICS.		2. USUAL RESID	ENCE OF MC	THER (Where	dose mother Henry	
a. COUNTY Bank	iock		a. STATE Ide			Bannock	
b. CiTY (If outside corporate lim OR	<del></del>	wnship)	c. CITY (If outside eo				<del></del>
	atello		_0K _	atello		••	
C. FULL NAME OF (If not in he	spital or institution, give stree	st address or location)	d. STREET	(If rural, give lo	cation)	· · · · · · · · · · · · · · · · · · ·	
HOSPITAL OR INSTITUTION Banno	ock Memoria	l Hospita	ADDRESS 9)1	L West C	llark		
3. CHILD'S NAME				- 11000			
(Type or Print)	Mary Franc	es McOmb	er				
4. SEX 5a. THIS BI			WIN OR TRIPLET (This c	hild born) 6. DAT	EOF (Mont	h) (Day)	(Year)
F SINGLE	E TWIN TE	RIPLET   1ST	. —	SRD STI	ивіятн Ти		952
7. FATHER'S NAME	a. (First)	b. (Midd	е)	c. (Last)		8. COLOR OR I	RACE
	Arthur	Fi	sk	McOmb	er	whit	е
9. AGE (At time of this birth)	10. BIRTHPLACE (State or	foreign country)	11a. USUAL OCCUPAT			BUSINESS OR I	NDUSTRY
37 YEARS	Oakley.	Idaho	Broker-Res	ıl Estat	e Sel	f Emplo	ved
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	e)	c. (Last)		13. COLOR OR	
NAME	June			Mart	ineau	white	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	i	16. CHILDREN PREVIO			Do NOT include	this child)
35 YEARS	Montpelie:	r, Idaho	a. How many children are now living?	b. How many born alive but as	children were	c. How many children were	OTHER stillborn
17. INFORMANT		-	_			(born dead after pregnancy)?	20 weeks
June McOm		other	3	1		1	
, NANCY _	VEIGHT AT BIRTH 19 V	Vas a standard	serological test f	or syphilis p	erformed?	Yes X N	To
		Approximate dat	<b>e</b> .	· · · · · · · · · · · · · · · · · · ·		<u>v3</u>	9,2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES						
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,		_1					
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	NI	7,00				
21. STATE ANY COMPLICATIONS	OF PREGNANCY AND L	ABOR	22. STATE ALL SPERA	TIONS FOR DEL	IVEDY	<del></del>	$\overline{}$
			Car.	Asi	ص	De	lear
I hereby certify that I	23a ALLENDANT'S	SIGNATURE /	(Specify I M. D	midwife, or oth		23b. DATE SIGN	ED
attended the birth of this	ace	THE	100	7112		Junes	2 1953
on the date stated above	220. ATTENDANT'S ADDR	ESS	If NOT   24. SIGNAT	URE OF AUTHOR	RIZED OFFICIAL	. 1	TITLE
at m.	Toca	leel.	sttended by physician			-	
25a. BURIAL, CREMA- 25b. D	ATE 25c.	NAME OF CEMETERY	<del></del>	25d. LOCATION	(City, town, or	ounty)	(State)
CREMOVAL (SHORLY) 6-	8-52 /	ogan Cem	eteny	hones	77) 4	U	tah
DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE		26. FINENAL DIRECTO	OR O	ADI	DRESS	
JUL 3 1952 2	vam. W	allin	Consider	ZI BALL	Poca	tello.	Idaho
	•				/	,	

SOUTH TO SOUTH ENGLISH OF THE SOUTH TO THE STATE OF THE PROPERTY OF THE STATE OF Tions to a very PROTECTION POLICE AND CHARLES AND CHARLES AND PROPERTY OF A PROPERTY OF Marie Marie Committee of the Committee o is chariful to the state of the CAUSE OF STILLING AS LEIN CHIEFE Service The Bridge of the Service of in the dat state about 120 sources sources the control of the c The state of the s The second second second

PHS-797(VS) 4-48	RECEIV	1949 Revision of	Standard Certificat	e)	State File	
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		FIFICATE		RTH	Local Reg.	
	N 1 8 19	552 State of			Reg. Dist.	
1. PLACE OF STILLBIF a. COUNTY Boun	RTALLET	ICS	2. USUAL RESID	PENCE OF MO	THER (Where	Soundry
b. CITY (If outside corporate li	imite, write RURAL and give	township)	c. CiTY (If outside of	orporate limits, write	RURAL and give	township)
TOWN Bonne	rs Ferry		TOWN BC	nners Fe	erry	
c. FULL NAME OF (II not in HOSPITAL OR INSTITUTION CO	hospital or institution, give mmunity Ho	spital	d. STREET ADDRESS	(If rural, give loc	ation)	
3. CHILD'S NAME ((Type or Print)	Baby		Tur	ner		
5a. THIS SINGLE		TRIPLET 1ST	WIN OR TRIPLET (This o	shild born) 6. DATI		h) 3 <sup>(Day)</sup> (Year)
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
Brya	n	Leroy	Turne	rr		white
9. AGE (At time of this birth)	10. BIRTHPLACE (State	4 2	1)a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
19 YEARS	Idaho.	Jonnes corry	Mill har	nd	Lumbe	er
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Mide	· ·	c. (Last) Hammell		13. COLOR OR RACE White
14. AGE (At time of this birth)	atsy 15. BIRTHPLACE (State	Elizabe				
19 YEARS	Nebraska		a. How many chil-	b. How many control born alive but are		Do NOT include this child) c. How many OTHER
17. INFORMANT	1,000,000	111010101	dren are now living?	born alive but are	now dead?	children were stillborn (born dead after 20 weeks
	Bryan T	urner	<b>Rone</b>	none		pregnancy)?
18a, LENGTH OF PREGNANCY WEEKS	WEIGHT AT BIRTH 15	Was a standard Approximate dat	serological test i	or syphilis pe	rformed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES					
causing fetal death (do NOT use such terms as Stillbirth.	20b. MATERN CAUS	ES 1 1	\			
Prematurity, Asphyxia, etc.)	Ho	cental	Int	nex		
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND	LABOR	22. STATE ALL PER	ATIONS FOR DELL	VERY	
M	ne			More		
I hereby certify that I attended the birth of this	23a. ATTENDANT	S SIGNATURE	(Specify if M. I	O., midwife, or othe	r)	23b. DATE SIGNED
child who was born dead on the date stated above	230 ATTENDANT'S AD	DRESS	If NOT   24, SIGNA	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at m.	Donnes	Kony	attended by physician	IONE OF AUTHOR	ILLD OFFICIAL	
PE BURIAL, CREMA- 25b.	. 11.7	c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	• • • • • • • • • • • • • • • • • • • •	
sura 6		Grandview		Boundry		
DATE REC'D BY LOCAL REG	ISTRAK'S SIGNATUR	nel	26. FUNERAL DIRECT	dwell		mospaint de
				7		



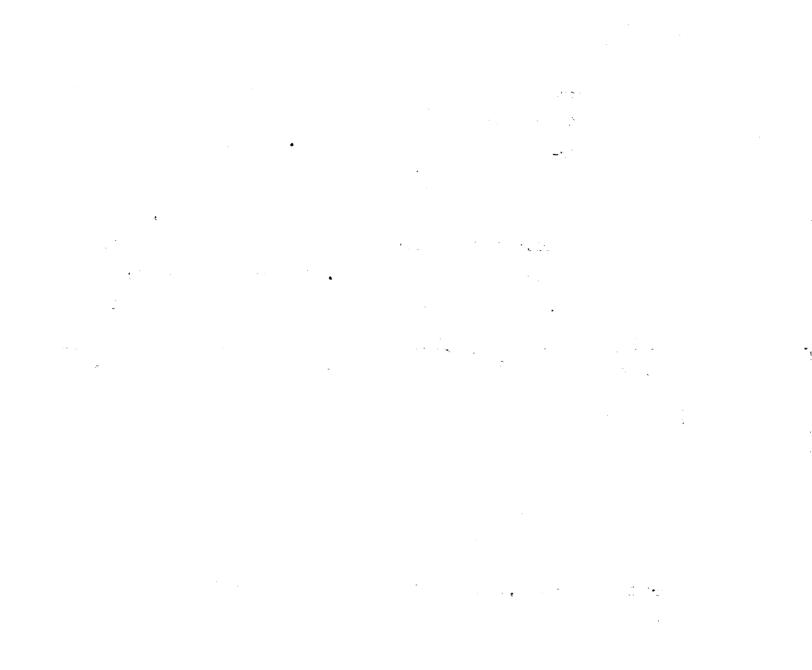
PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE AS IT	1 7 1304_	(1949 Revision of	Standard Certificate	) State Fil	e No.
FEDERAL SECURITY AGES	OF VO	ENTIFICATE	OF STILLBIR	TH Local Re	g. No. 4
DIA	STATISTICS	State of		Reg. Dist	No
1. PLACE OF STILLBIR	TH			ENCE OF MOTHER (Whe	re does mother live?)
a. COUNTY	4		a. STATE IDA	40 b. COUNTY	MINIDOKA
b. CITY (If outside corporate lin		re township)		rporate limits, write RURAL and gi	
	Pley		TÖŴN	PAUL	
c. FULL NAME OF (If not in I	hospital or institution, give	street address or location)	d. STREET ADDRESS	(If rural, give location)	
HOSPITAL OR INSTITUTION C67	TTAGE H	OSPITAL	ADDITESS	R.F.O	
3. CHILD'S NAME ((Type or Print)					
(1 Type or Fina)	WILLIAN	1 GPORG	e SCH	Weider	
4. SEX 5a. THIS I			WIN OR TRIPLET (This of		nth) (Day) (Year)
MALC SINGLE	X TWIN	TRIPLET 1ST	2ND	SRD   STILLBIRTH	AY 20, 1952
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	PRALD	W.	Sc	HNEIDER	WHITE
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat		11a. USUAL OCCUPAT	ION 11b. KIND C	F BUSINESS OR INDUSTRY
43 YEARS	NEBRASI	KA	FARME	R AGR	ICULTURE
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	VERNA			PERRY	WHITE
14. AGE (At time of this birth)	15. BIRTHPLACE (Stat	te or foreign country)		DUSLY BORN TO THIS MOTHER	<del></del>
36 YEARS	RUPERT	IDAHO	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn
17. INFORMANT	11 . 1		9		(born dead after 20 weeks pregnancy)?
13. W. DU	Kneeder			<u>ی</u>	- U
NANCY	WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis performed?	Yes. No
WEEKS	LBS. OZS.	Approximate da	te 4/	15/5/	<u> </u>
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	,			•
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAU	neone	nemo	reage	· · · · · · · · · · · · · · · · · · ·
Prematurity, Asphyxia, etc.)	AUD. BUTERNAL CAU	ses of a	7. A	The said	1 / 6-0:
21. STATE ANY COMPLICATION	NS OF THEGNANCY AN	IN LABOR	22 STATE ALL OPERA	ATIONS FOR DELIVERY	rid f
ZI. STILL ANY COMILLICATION	15 Of MEGNATOT AN	D DADOR	Z. SIZE ALL OF CAN		Jum roes
thousand that I	23a, ATTENDAN	'S SIGNATURE	O(Specify if M. I	o., midwife, or other)	23b. DATE SIGNED
Thereby certify that I attended the birth of this	22. 71. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1	S SIGNATURE	(opeday ii M. I	2., midwine, or other)	4/19/07
child who was born dead on the date stated above	23c. ATTENDANT'S A	DORESS	II NOT   24. SIGNAT	TURE OF AUTHORIZED OFFICE	AL TITLE
at me water states above	031/16	7 John	attended by physician	TORE OF ACTION SEED OF TO	11144
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE	C. NAME OF CEMETER		25d. LOCATION (City, town, o	r county) (State)
TION, REMOVAL (Specify)  BURIAL  M	AY 22, 19	PAUL CEN	KETERY	$\mathcal{D}_{\mathbf{n}}$	DAHO
	ISTRAR'S SIGNATURE	V/-100 0 6/2	20 FUNERAL DIRECT		DDRESS
may 28 1952	BAN	ilum.	N Lut	Kunn -	RURION
7 1/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- CAMP CO	- XVIIII	congre -	
/		(	J	U	



PHS-797(VS) 4-48 FEDERAL SECUR	ITY AGE	RECEIVE	D (1949 Rev	rision of	Standard Certificat OF STILLBIF	e)	State File Local Reg		098
PUBLIC HEALTH SE	RVICE	1171		State of		KIM	Reg. Dist.		70
1. PLACE OF S		V 1							
a. COUNTY		•			2. USUAL RESID		DTHER (Where b. COUNTY		
h CITY (16 australia)	Casi	<b>51.8</b> mite, write RURAL and				8 he		Cassia	<u> </u>
OR TOWN	Bur	_	give township)		C. CITY (If outside of OR TOWN Ry)	orporate limits, write Tley	RURAL and give	township)	
c. FULL NAME O	F (If not in I	hospital or institution, gi	ve street address or	location)	d. STREET	(If rural, give lo	onation)	<del></del>	<del></del>
HOSPITAL OR INSTITUTION		tage Hesn		,	ADDRESS	58 Over		<b>70</b> .	
3. CHILD'S NA		**************************************	7 45-7			00 0102	10114 11	•	
(( Type or Print	;)	Rehw	Meline						
4. SEX	5a. THIS I		MATTICA		WIN OR TRIPLET (This	hild born)   6, DA	TE OF (Mont	b) (Dav)	(77)
Male	SINGLE		TRIPLET	1ST	, <u> </u>	3RD STI	LLBIRTH JULY		(Year) 1952
7. FATHER'S NAME		a. (First)		b. (Middl	(e)	c. (Last)		8. COLOR OR	RACE
MAME		Ben		Alfi	red.	Melin	•	Whit	
9. AGE (At time of th	nie birth)	10. BIRTHPLACE (8	tate or foreign coun		11a. USUAL OCCUPAT			BUSINESS OR	
33	YEARS	Twin F	alls I	dahe	Cook			.fe	
12. MOTHER'S MAIDEN		a. (First)		b. (Middl		c. (Last)	, <u>Je</u>	13. COLOR OI	RACE
NAME		Estella				Regers		White	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8		try)	16. CHILDREN PREVIO				
	YEARS	_	- Utab		a. How many chil- dren are now living?	b. How many	children were	c. How many	OTHER
17. INFORMANT	F	16:36			T	born alive but a	U design	children were (born dead aft	er 20 weeks
Dentill	ex Ma	4411	Over len	æ	<b></b>			pregnancy)?	
18a. LENGTH OF PR	NCY 18b.	WEIGHT AT BIRTH	19.Was a st	andard	serological test	of syphilis p	erformed?	Yes.	No
WEEKS		LBS. OZS.	Approxir	nate dat	e. (	fun 1	75-1	· ` V3	39,2
CAUSE OF STILI		20a. FETAL CAUSES	-4/			1-	1.		
State only morbid causing fetal death use such terms as	conditions (do NOT	$ \subset \Lambda$	4 Carl	nea	Muses	Tel	allo,		
use such terms as Prematurity, Asphyr	Stillbirth, ria, etc.)	20b. MATERNAL CA	IUSES DE	9 - 12	160 -	Tito	1/1		
21. STATE ANY COM	IPLICATION	S OF PREGNANCY	AND LABOR		22 STATE ALL OPER	TIONS FOR DEL	.IVERY		
	12	ord -		l	Typinia national	22	ine_		
I hereby certify	v that I	23a. ATTENDAM	T'S SIGNAT	URE '	(Specify if M. T	)., midwife, or oth	ner)	23b. DATE SJE	NED /
attended the birth	of this	1	M -	11	. (.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 10	/		10/52
child who was bo on the date state		23c. ATTENDANT'S	ADDRESS	1117	If NOT   24 SIGNAT	TURE OF AUTHO	PIZED OFFICIAL	<u> </u>	TITLE
at	m.	Y2.4la	Hal		attended by physician	ONE OF ACTIO	MILLO OFFICIAL	- /	11166
25a. BURIAL, CREM TION REMOVAL (Special		DATE	25c. NAME OF		OR CREMATORY	25d. LOCATION	(City town or	munty)	(State)
TION, REMOVAL (Spec	Jul		1		lew Cemet			• •	<b></b>
DATE REC'D BY LO		STRAR'S SIGNATUR	<del>~</del>	CTIA /	26. FUNERAL DIRECTO		urley_	DRESS .	dahe
July 3 1	449	191	Yilla	السييس	Was he	W3P. 1		hul	Pola
	, V 0	noy		7-67	pun NI	y-call	acr's	-unui.	vosa,
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State of VITAL State of	OF STILLBIRTH LOCAL RES	No. 20
1. PLACE OF STILLBIRTH STATISTICS a. COUNTY  Elmore	2. USUAL RESIDENCE OF MOTHER (When	e does mother live?) Barnstable
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home Air Base	c. CITY (If outside corporate limits, write RURAL and giv OR TOWN	s township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  Air-Bese Hospital	d. STREET ADDRESS (If rural, give location) C1 ty	
3. CHILD'S NAME ((Type or Print) DATEY LOFTUS		
	TWIN OR TRIPLET (This child born) 6. DATE OF (Mon	
7. FATHER'S 8. (First) TRIPLET 1. 1ST L. 7. FATHER'S 8. (First) b. (Middle 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1952 I 8. COLOR OR RACE
NAME Warien William Loftus		White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	1	BUSINESS OR INDUSTRY
28 YEARS Moere Idaho	Sgt. Air Force Mecha	
12. MOTHER'S a. (First) b. (Mid MAIDEN NAME Restrice	dle) c. (Last) <b>Bassett</b>	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	·
77 YEARS Hyannus Massachussets 17. (NFORMANT William Coffus)	a. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard	serological test for syphilis performed?	YesNo
NANCY WEEKS LBS. OZS. Approximate de		v 38.1
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	outholis	7
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR SELIVERY	·
I hereby certify that I 23. ATTENDANT'S SGNATURE	(Specify if M. D., midwice, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead on the date stated above	W M	19 June 1952
On the that states accept	If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICE	AL HILL
25a, BURIAL, CREMA- 25b, DATE 25c, NAME OF CEMETER		r county) (State)
TION, REMOVAL (Specify)  Burial  June 20, 1952 Mountain Vic	w Cemetery Mountain Home	dako
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	DDRESS
June 24, 1952 OF Maria	Tolita. Des Mourten	Home y dale
	The state of the s	



PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  PIVISION OF VITA State of	OF STILLBIRT	State Fi H Local R Reg. Dis	eg. No15
I. PLACE OF STILLBIRTH CTANGETICS	2. USUAL RESIDEN	ICE OF MOTHER (W)	here does mother live?)
Jerome	a. STATE Idah	h COUNTY	· _
b. CITY (If outside corporate limits, write RURAL and give township)			Jerome
OR .	TOWN -	rate limits, write RURAL and	nve township)
c. FULL NAME OF (If not in hospital or institution, give street address or location)	0610		
HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
Do Denedico SOSPIcal	Rt.	<u># 3</u>	
3. CHILD'S NAME ((Type or Print)			
BABY BOY	DIE	EHL	
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child	born) 6. DATE OF (M	onth) (Day) (Year)
Male single w Twin Triplet 15T	2ND 3RD	STILLBIRTH	
7. FATHER'S a. (First) b. (Midd		c. (Last)	1une 23,1952 8. color or race
NAME	·	• •	S. COLOR OR RACE
Gerald Evere		ehl	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	1 11b. KIND	OF BUSINESS OR INDUSTRY
25years Idaho	Farming	I	Parm
12. MOTHER'S a. (First) b. (Midd MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME ROBAMATY	T <sub>4</sub>	Vilson	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)			R (Do NOT include this child)
21 YEARS   Wendelll Idaho		How many children wer orn alive but are now dead?	
17. INFORMANT	dren are now living?   bo	In alive but are now dead?	children were stillborn (born dead after 20 weeks
Mrs Herald Diehl	o	0	pregnancy)?
		syphilis performed	? Yes No
204 EFTAL CALIFOR	e Dec. 195	<u>) T</u>	y 39,6
CAUSE OF STILLBIRTH	Fatire an	menthy	I macery
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	The Car	10-	Louis du
Prematurity, Asphyxia, etc.)	f	•	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIO	ONS FOR DELIVERY	<del></del>
i			
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	/ (Specify if M. D., n	nidwife or other)	23b. DATE SIGNED
attended the birth of this	Destate in	The state of the s	(A 10 2 15 2
child who was born dead on the date stated above 23c. ATTENDANT ADDRESS	www.	<u>/</u>	10/23/3 ~.
2.28	If NOT 24. SIGNATUR attended by physician	RE OF AUTHORIZED OFFIC	IAL TITLE
25a, BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY		LOCATION (City, town,	or county) (State)
TION, REMOVAL (Specify)	OR CREMATOR! 250	<u> </u>	
Buria June 23, 1952 Jerome  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	20. FUNERAL DIRECTOR		daho Address
ma 22 1062 / + 72 (2)	C. I SIGERAL DIRECTOR		
1110 C) 1774 Seslet /1. (Kose, 17/9.)	2 Milul	y (X)aya	érome, Idaho
<b>,</b> .		1	

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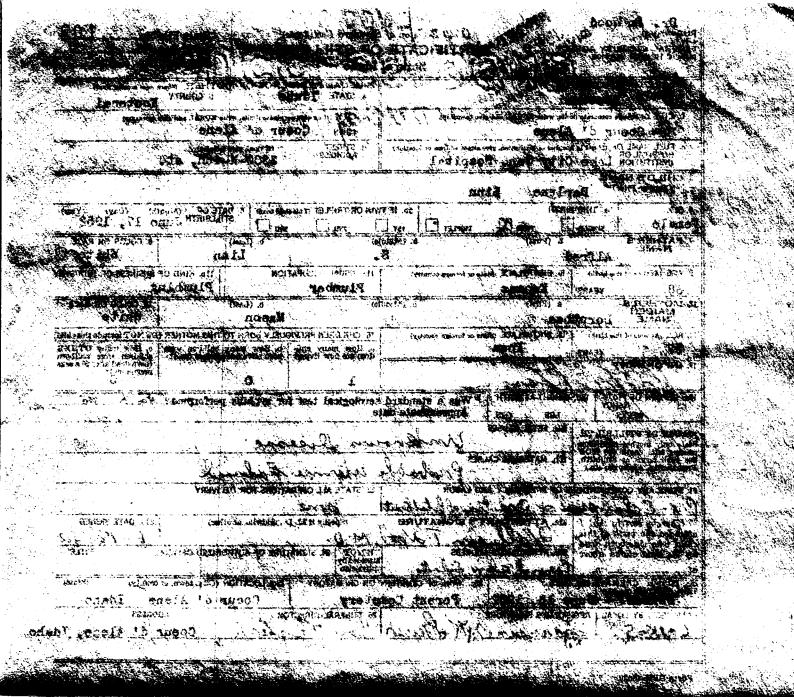
PHS-797(VS)		RECEIVE	' (1949 Rev	ision of	Standard Certi	ficate)	State File	No.	J. (),
4-48 FEDERAL SECUR	ITY AGE	NGY 11 2 195			OF STILL		Local Res	1	
PUBLIC HEALTH SE	74100			State of			Reg. Dist.	No	40
1. PLACE OF S		THETATIO			2. USUAL RE	SIDENCE C	F MOTHER (When	e does mother lies	••\
a. COUNTY _	erom				a. STATE de	aho	b. COUNTY	Jemme	<b>5</b> ′
b. CITY (If outside OR TOWN	Jero	mits, write RURAL and	give township)	i	c. CITY (If put OR HE TOWN	zelton	ts, write RURAL and giv	e township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION		hospital or institution, giv Benedicts		location)	d. STREET ADDRESS	Box 2	2 location)	· ·	
3. CHILD'S NAI (Type or Print		arold Cru	mine					7	
A. SEX Male	5a. THIS	BIRTH TWIN	TRIPLET	5b. IF T	WIN OR TRIPLET	(This child born)	6. DATE OF (Mon STILL BIRTH June	th) (Day) 28	(Year) 1952
7. FATHER'S NAME		a. (First) James		b. (Midd A	le)		Last)	8. COLOR OF	I WSE
9. AGE (At time of th	ie birth) YEARS	10. BIRTHPLACE (8) Erie Kan			11a. USUAL OCC	upation Enginee		BUSINESS OR	
12. MOTHER'S MAIDEN NAME		a. (First) Mildred	-	<sup>b. (Midd</sup> Lrene	le)		Last)	13. COLOR O	
14. AGE (At time of the	ie birth)	15. BIRTHPLACE (8)		try)	16. CHILDREN P	REVIOUSLY BOI	RN TO THIS MOTHER	(Do NOT includ	le this child)
26	YEARS	Burley	Idaho		a. How many dren are now liv	chil- ing?   b. How born aliv	many children were e but are now dead?	c. How many children wer (born dead af	e stillborn
Famo	a a	Crum	ine		4			pregnancy)?	
184. LIGHTH OF PRINCES  WEEKS		WEIGHT AT BIRTH  //LBS OZS.	<sup>19.</sup> Was a st Approxir	andard nate da	serological te te	est for syph	ilis performed?	Yes.	No
CAUSE OF STILL State only morbid of		20a. FETAL CAUSES	1	. /	. A.l	10	10		1
causing fetal death (use such terms as	do NOT	20b. MATERNAL CA	<i>genure</i>	-pea	man	gacu	was seg	ann	war
Prematurity, Asphyx	ia, etc.)	bob. MATERIAL CA	المحادة	V	0		0		
21. STATE ANY COM	PLICATION	IS OF PREGNANCY A	ND LABOR Z	who	22. STATE ALL C	PERATIONS FO	R DELIVERY		
	Blesse	dure place	eulst eg	Sage 1	age,	···			
I hereby ceffify attended the birth		23a. ATTENDAN	T'S SIGNAT	UPE	(8pecify 1	M. D., midwife	, or other)	23b. DATE SIG	SNED
child who was bot	rn dead		AX	1_14	170	Tac		6-6	8-5%
on the date state	d above	23c. ATTENDANT'S	DONESS		If NOT 24. 5	GNATURE OF	NUTHORIZED OFFICIA	L	TITLE
at 10, 30.0		Hazel	sou		attended by physician				
25a. BURIAL, CREM TION, REMOVAL (Spec Burial	1A- 25b.	1952 / 1952		cemetery Jeron	OR CREMATORY	25d. LOC	ATION (City, town, or Jerome	county)	(State) Idaho
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNATURE		0.0	26. FUNERAL DI	RECTOR · /		DRESS	ho.
ne 30,190	21/2	sed M.	Nose,	11.19	xx	whe	Jeron	10, Ida	110
. /		·	-		V	~	J		

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Dr. wm Wood PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVICE	MECEIVA MEION 2 4 195	(1949 Revision of SERTIFICATE State of	Standard Certificat OF STILLBIF Idaho	e) RTH		No. 2 No. /20	02
a. COUNTY Kootens	108	4	2. USUAL RESID	ENCE OF MO	b. COUNTY	dose mother live?)	<del></del>
b. CITY (If outside corporate OR TOWN	imite, write RURAL and	give township)	c. CITY (If outside of OR TOWN GOOUT		RURAL and give	township)	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Lake			d. STREET ADDRESS	(If rural, give lo	<b>_</b> .		
4. SEX 5a. THIS	YMO BIRTH	<b>Linn</b>   5b. 1FT	WIN OR TRIPLET (This	shild born)   6, DA	TE OF (Mon	th) (Day) (Y	rear)
SINGLE		TRIPLET 1ST	2ND	3RD STI	LLBIRTH Jui	2e 17, 1952	!
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last) inn		8. COLOR OR RAC	E
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT	TION	1 _	BUSINESS OR IND	JSTRY
38 YEARS			Plumber		Plu	nbing	
12. MOTHER'S MAIDEN NAME Dorot	a. (First)	b. (Midd	lle)	c. (Last) Macson		13. COLOR OR RA	
14. AGE (At time of this birth)  7  YEARS	Town	tate or foreign country)	a. How many chil-	b. How many born alive but a		c. How many OT	HER
17. INFORMANT	fenn		dren are now living?	O DOTTI SLIVE DUT S	re now dead?	children were still (born dead after 20 pregnancy)?	iborn weeks
18a. LENGTH OF PREG. 18t NANCY WEEKS	LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes No.	
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Unknow	n Disea	se			
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES lande rete	rine Fi	brail.			
21. STATE ANY COMPLICATION	ONS OF PREGNANCY A	LABOR fetal Heart.	22. STATE ALL OPER.	ATIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this child who was born dead	1 2/. 11.	it's SIGNATURE	(Specify if M. 1	D., midwife, or oth	ner)	23b. DATE SIGNED 6 - 18- '5	
on the date stated above at m.		ADDRESS .	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L FITT	LE
TION DEMOVAL (qu_)	DATE 18, 1952	25c. NAME OF CEMETERY		25d. LOCATION Coeur d		county) (8t	ate)
DATE REC'D BY LOCAL REG.	SIGNATURI	K. Brush	26. ONERAL DIRECT			DRESS	daho
	1		1				

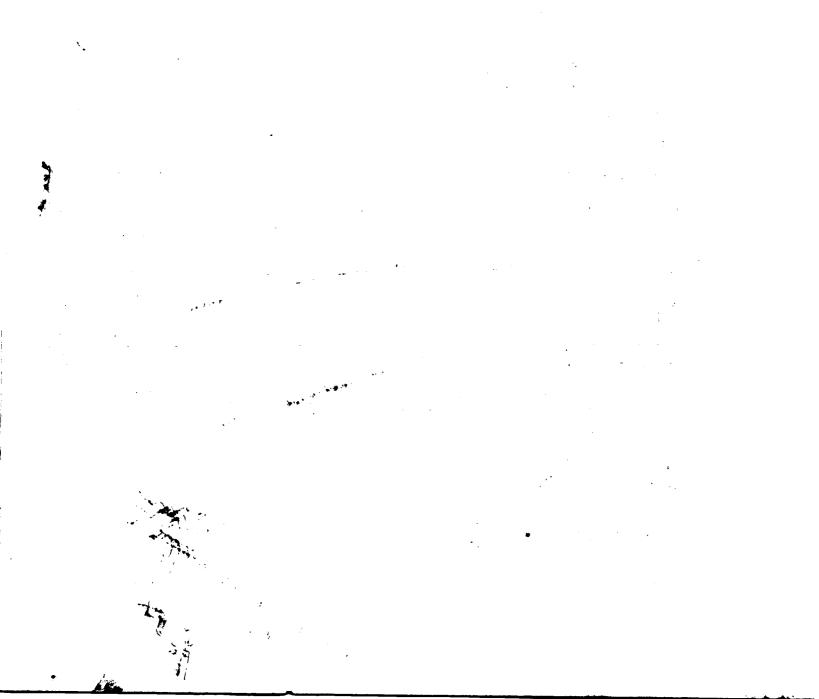
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Dr. Win V PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	Tood	JUN 2 1 195	(1949 Revision of SERTIFICATE State of	Standard Certificate	e) St	ate File N cal Reg. 1	
PUBLIC HEALTH SE	RVICE	195	State of	Idaho	Re		10.120
1. PLACE OF S a. COUNTY	TILLBIR Cooten		4,	2. USUAL RESID a. STATE Idah	ENCE OF MOTHE b. C	OUNTY	oes mother live?)
TOWN COOL	ar d'				orporate limite, write RUR.	L and give to	ownship)
		city Gen. I	re street address or location)  Iospital	d. STREET ADDRESS	(If rural, give location) 3300-N-4th		
3. CHILD'S NA ((Type or Print		rlyne Li	m				
4 SEX Female	5a. THIS	TWIN X	TRIPLET 1ST	WIN OR TRIPLET (This o	hild born) 6. DATE OF STILLBIR	TH June	17, 1952 (Year)
7. FATHER'S NAME	Alfre	·	b. (Midd S	•	c. (Last) <b>Linn</b>		B. COLOR OR RACE White
9. AGE (At time of the	hie birth) YEARS	10. BIRTHPLACE (Se	ate or foreign country)	11a. USUAL OCCUPAT	1	KIND OF E	USINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	Dorot	a. (First) h <b>ea</b>	b. (Midd	lle)	c. (Last) Mason		3. COLOR OR RACE White
14. AGE (At time of the 37	nie birth)	15. BIRTHPLACE (8:	tate or foreign country)				o NOT include this child)
17. INFORMAN	YEARS	A TOWN		a. How many chil- dren are now living?	_	1 (	e. How many OTHER children were stillborn born dead after 20 weeks pregnancy)
18a. LENGTH OF PR	EG-   196.	WEIGHT AT BIRTH	110 ***	1	0		
WEEKS	NCY	LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test f	or syphilis perfo	med? Y	V34.5
CAUSE OF STILL State only morbid causing fetal death	conditions	20a. FETAL CAUSES	Unkno	un Dise	ose.		/
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth, ria, etc.)	20b. MATERNAL CA	USES Probable	Uterine	Filmid	•	
21. STATE ANY CON	APLICATION	s of pregnancy a	IND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	,	
I hereby certif attended the birth child who was bo	h of this	23a. ATTENDAN	AM T. NOVO	(Specify if M. I	)., midwife, or other)	2	3b. DATE SIGNED 6 - 18 - 52.
on the date state		23c. ATTENDANT'S Coem L'al		If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED	OFFICIAL	TITLE
25a. BURIAL, CREI TION, REMOVAL (Spe Burial	cify)	DATE 8 18, 1952	25c. NAME OF CEMETERY Forest Cen	OR CREMATORY	25d. LOCATION (City		
DATE REC'D BY LO		STRAR'S SIGNATURI	<del></del>	26 FUNERAL DIRECT		ADD	
- 10 9	1 · 0	Turank	2 (1 + 1 (WM)			COGUI	W WIGHT TREM



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PHS-797(VS)	1111	5 1952			Standard Certificat		State File	, ,	·
PUBLIC HEALTH	PHIPS LO	ACAOL ALLYN	CERTIFIC	ATE	OF STILLBII	RTH	Local Reg Reg. Dist.		<u>O</u>
	SI	ATISTICS	St	tate of	Idaho		neg. Dist.	NO EDC.L.	L
1. PLACE OF S	TILLBIR	TH			2. USUAL RESID			does mother live?	<del></del>
a. COUNTY	Lemhi	• •			a. STATE Ida	ho	b. COUNTY	Lem	1 <b>5</b> 2
l OR	oorporate H Salmo	mits, write RURAL and	give township)		c. CITY (If outside of OR TOWN S.C.	-	rite RURAL and give	township)	
		hospital or institution, gi			d. STREET	lmon		<del></del>	
HOSPITAL OR INSTITUTION	Steel	e Memoria	al Hosp.	ALLION)	ADDRESS	(If rural, give	• 100kulon)		
3. CHILD'S NA									
(Type or Print	:)	Bab <b>y</b>	Boy			Snool	c '		
4. SEX	5a. THIS	BIRTH	1	56. IF T	WIN OR TRIPLET (This	child born) 6. I	DATE OF (Mon	th) (Day)	(Yeer)
m	SINGLE	X TWIN	TRIPLET	1ST	2ND	3RD 🔲   S	<b>тишыктн</b> Ти	ne 30.	1952
7. FATHER'S		a. (First)		b. (Midd		c. (Last	)	8. COLOR OR	RACE
NAME	Ł	Juinton	11	mone	911	Sno	o <b>k</b>	#hite	
9. AGE (At time of th		10. BIRTHPLACE (8			11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
25	YEARS	Ata anta	Georgia	1	Rancher	)			
12. MOTHER'S		a. (First)		b. (Midd	<u>'                                      </u>	c. (Last)	<del></del>	13. COLOR OR	RACE
MAIDEN NAME	. 1	Lois	Eľai	n	h	1.000	• •	Whi	te
14. AGE (At time of the		15. BIRTHPLACE (8			16. CHILDREN PREVI	OUSLY BORN T	O THIS MOTHER	Do NOT include	this child)
24	YEARS	SalmSnot	Idaho		a. How many chil-	b. How man	y children were		
17. INFORMANT		· · · · · · · · · · · · · · · · · · ·			dren are now living?	born alive bu	t are now dead?	e. How many children were (born dead after	stillborn £ 20 weeks
7-211	1/0	1 /16	0/-1	3	7		<u> </u>	pregnancy)?	0
18a. LENGTH OF PR	REG-   18b. NCY	WEIGHT AT BIRTH	<sup>19</sup> Was a sta	ndard	serological test	for syphilis	performed?	Yes. Y	No
3 WEEKS		LBS. Y OZS.	Approxim	ate da	te 4-/1	· ~ L' .	<b>)</b>	V	39,5
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES							
State only morbid causing fetal death use such terms as	conditions			-					
use such terms as Prematurity, Asphyr	Stillbirth,	20) MATERNAL CA	USES	$\sim$	. <i>I</i> I	`		•	
		spoul	incom		Muso	me	m Ka	and a	2
21. STATE ANY COM	PLICATION	OF PREGNANCY	ND LABOR		22 STATE ALL OPER	ATIONS FOR D	ELIVERY		
	K	one	•		/				
I hereby certif		238 ATTENDAN	T'S STONATL	JRE	8pecity If M.	D., paidwife, or	other)	23b. DATE SIG	NED
attended the birtl	h of this		· M	بكروس	Men n	クン		フィノ・	.115
on the date state		23c. MENDANT'S	ADDRESS	0	II NOT   24. SIGNA	TURE OF AUTI	HORIZED OFFICIA	L	TITLE
a Jiou A	m.	Salu	en X	10	attended by physician				
25a. BURIAL, CREI	M A-   25b.	DATE	25c. NAME OF C	EMET RY	OR CREMATORY	25d. LOCATIO	N (City, town, or	county)	(State)
Burial	<sup>eify)</sup>   7-	2-52	Salmon				lmon, I		-
7 - 3 - 5	CAL REG	ISTRAR'S SIGNATURI	Police	- 1M	26. FUNERAL DIRECT	ros (	ma y	DRESS Salmon	. Ida.
·		VILLA U.	1		MANUA	~~~	1/44/		<u>. ,                                   </u>
						- (			

1 4-48	Standard Certificate) OF STILLBIRT	State File "H Local Reg. Reg. Dist.	. No
1. PLACE OF STILLBIRTH a. COUNTY  DIVISION OF VIT  b. CITY (If outside corporate limits, write RURAL and give STANDARD TOWN  RULLS + O.K.	2. USUAL RESIDEN	NCE OF MOTHER (Where  A NO  b. COUNTY  prate limits, write RURAL and give  PWIS TON	Mez Perca
c. FULL NAME OF (If not in hospital or institution, give atroet address or location) HOSPITAL OR INSTITUTION  T. JOSEPHS  3. CHILD'S NAME	d. STREET ADDRESS / 2	(If rural, give location) 23 - Ida	ho St
FRINGLE X TWIN TRIPLET IST	TWIN OR TRIPLET (This child	STILLBIRTH Ju	10 1,1952
7. FATHER'S NAME  9. AGE (At time of this birth)  10. BIRTHPLACE (State or foreign country)	ile)	c. (Last)	8. COLOR OR RACE BUSINESS OR INDUSTRY
YEARS  12. MOTHER'S  MAIDEN  NAME  14. (First)  D. (Mid-	dle)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  31  YEARS  16. S. K. L. T. d. A. D.  17. INFORMANT	a. How many chil- b	SLY BORN TO THIS MOTHER ( . How many children were orn alive but are now dead?	Do NOT include this child)  c. How many OTHER children were stillborn (born dead after 20 weeks
18a. LENGTH OF PREG.   18b. WEIGHT AT BIRTH   19 Was a standard	serological test for	syphilis performed?	Yes.Ov. No
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  DES. OZS. Approximate ds  20a. FETAL CAUSES  20b. MATERNAL CAUSES	ene abdon	indering at	fetachusiemen
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATION	ONS FOR DELIVERY	rellenwith
I hereby certify that I attended the birth of this child who was born dead on the date stated above 25c. ATENDANT'S ADDRESS	attended by	midwife, r other) RE OF AUTHORIZED OFFICIAL	23b. DATE SIGNED
25a. BURIAL, CREMA- TION, REMOVAL (Bpectly)  6 - 7 - 52  7 ar wol	On yaician	d. LOCATION (City, town, or	County) (State)  L da 4 6
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Negalins	26 FUNERAL DIRECTOR	es Cours	DRESS Solid



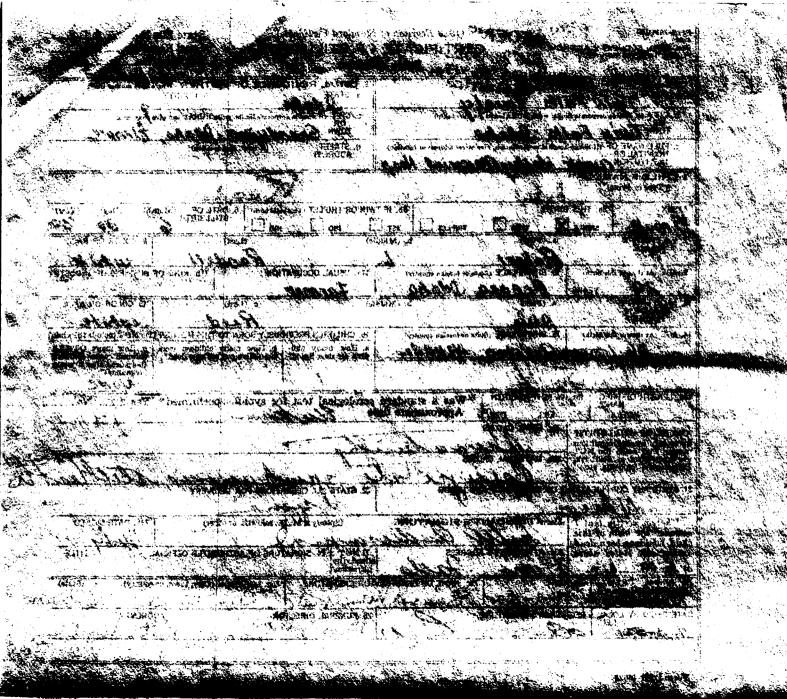
PHS-797(VS) 4-48			1 (1949 Re	vision of l	Standard Certificat	e)	State File	
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN	1111 7	CORPORTIFIC	CATE	OF STILLBI	₹TH	Local Reg.	No
		DIVISION	OF VIIAL	State of	Idaho		Reg. Dist.	No.33-0
1. PLACE OF S	TILLBIR	TH STAT	INTICS		2. USUAL RESIE	ENCE OF MO	OTHER (Where	does mother live?)
a. COUNTY	vette				a. STATE		b. COUNTY _	Payette
b. CITY (If outside		mite, write RURAL a	and give township)		c. CITY (If outside o			
OR TOWN De	vette				TOWN Paye		•	
c. FULL NAME OF		hospital or institution	, give street address or	location)	d. STREET ADDRESS	(If rural, give lo	ocation)	
HOSPITAL OR			Memorial		ADDRESS	North 5		
3. CHILD'S NAI		00 102203				a Morent 5	III W.Va	
((Type or Print	, .	KEVIN RO	GER BICK	VESE				
4. SEX	5a. THIS I	BIRTH		,5b. IF T\	WIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mont	h) (Day) (Year)
Male	SINGLE	X TWIN	TRIPLET	1ST _	2ND	3RD   311	LLBIRTH June	14, 1952
7. FATHER'S NAME		a. (First)		b. (Middl	e)	c. (Last)		8. COLOR OR RACE
TVA.ME	Ia	Verne		Ma.xure.	ll.	Bickne	se	White
9. AGE (At time of th	is birth)	10. BIRTHPLACE	(State or foreign cour	atry)	11a. USUAL OCCUPA	rion	11b. KIND OF	BUSINESS OR INDUSTRY
32	YEARS	Glendive,	<b>L</b> ontana		Motor Parts		Motor p	
12. MOTHER'S MAIDEN		a. (First)		b. (Middi	le)	c. (Last)		13. COLOR OR RACE
NAME	F	lorence		Laura	a	Bickne	se	White
14. AGE (At time of th			(State or foreign cour	ntry)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT include this child)
26	YEARS	New Plymo	uth, Idaho	<u> </u>	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMANT	7.4	1.1	(d)	ITTO				(born dead after 20 weeks pregnancy)?
Mollem	111	Dupn	es of	The l	<u> </u>	0		0
18a. LENGTH OF PR	EG-   18b.	WEIGHT AT BIRTI	H 19.Was a s	tandard	serological test	or syphilis p	erformed?	Yes. No
WEEKS		LBS. OZ		mate dat	e nov-	20,19.		V34,3
CAUSE OF STILI	BIRTH	20a. FETAL CAUS	ES- 1	1			he to	Mitand
State only morbid o	onditions		Tetal a	afly	fed seen	day to	Marcal	T brone to late
causing fetal death use such terms as i Prematurity, Asphyr	Stillbirth,	20b. MATERNAL			-	- 0	11	
	, , , , ,	<u> </u>	stance 1	um	e conciscu	mo, serec	, oponia	were
		S OF PREGNANC			22. STATE ALL OPER	ATIONS FOR DEL	IYERY	,
mitty Loon	LIVER	stole Dear	ic uttime a	nteste	& Chinotony	4 outlet	freef	2-
I hereby certify		23a. ATTEND	ANTIS SIGNA	PORE	(Special is	A midwife, or oth	hee)	23b. DATE SIGNED
attended the birth child who was bo		ł	Wall		1. Not	da	M.D.	June 16, 1952
on the date state		23c. ATTENDANT	'S ADDRESS		If NOT 24. SIGNA	TURE OF AUTHO		
at 8:30	2 m.	Pavette.	Idaho	ľ	attended by physician			
25a. BURIAL, CREM TION, REMOVAL (Spec	1A- 25b.	DATE		CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Birial	'''' Jur	1e 18, 195	2 Park V	iew Ce	metery	New Plvm	nouth, Id	laho
DATE REC'D BY LO	CAL REGI	ISTRAR'S SIGNATI			26 FUNERAL DIRECT			DRESS
Jene 16. 19.	احقا	KReit &	Elle	1/2	i ela la	Shall	Payet	te. Idaho
			11	//	The			
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Felus known to be non-viable few les. Espe belief.

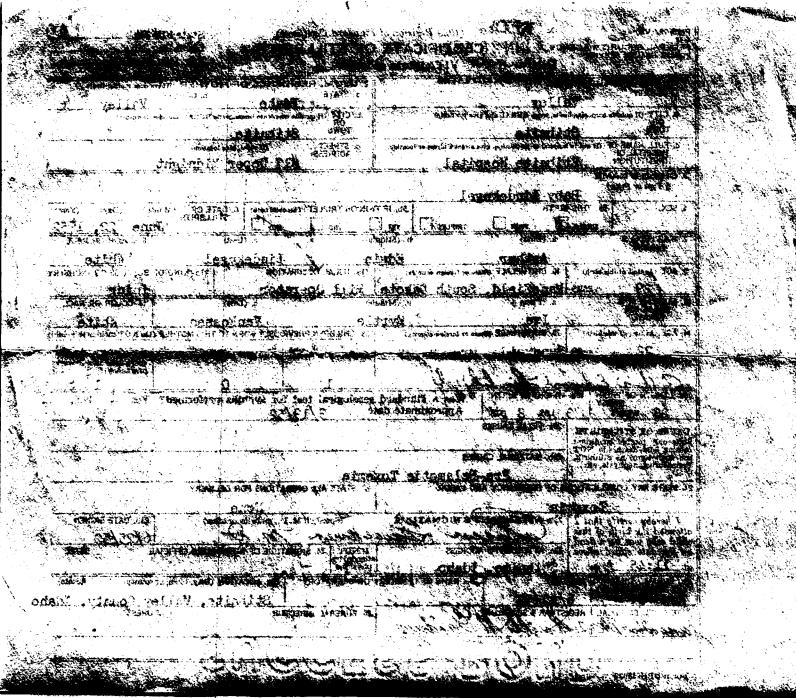
Bon	11		1				
PHS-797(VS)		RE	RPVB Revision of	Standard Certifi	icate)	State File	No. 107
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN	ICY III	ERTHELCATE	OF STILLE	BIRTH	Local Reg.	
	.,,,,,,	DIVISIO	OF VALUE of	Idaho		Reg. Dist.	No500
1. PLACE OF S	TILLBIR		ATISTICS	2. USUAL RES	SIDENCE OF MO Idaho	OTHER (Where	des mother live?)
a. COUNTY	Pov	70 <b>7</b> 0		a. STATE	Idano	b. COUNTY I	SIURUAM
OR	oorporate lin	nite, write RURAL and g	ve township)	II OR	de corporate limits, writ	e RURAL and give	township)
	meric		Idaho	TOWN	Aberdeen	Idah	10
c. FULL NAME OF HOSPITAL OR INSTITUTION	F (14 not in b Sch	ospital or institution, given in the contract of the contract	street address or location) orial Hospi	d. STREET tal ADDRESS	(If rural, give I Rt Box88		es Mest
3. CHILD'S NA	ME						
(Type or Print	) <u>k</u>	CURT BROY	ΛЙ				
4. SEX	5a. THIS B	IRTH	5b. IF T	WIN OR TRIPLET (1		TE OF (Mont	th) (Day) (Year)
Male	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD   31	ILLBIRTH Jur	ne 3 1952
7. FATHER'S NAME		a. (First)	b. (Midd	•	c. (Last)	·	8. COLOR OR RACE
		YHTOMIT	EDWA		BROWN	·	White
9. AGE (At time of th	is birth)	10. BIRTHPLACE (Sta		11a. USUAL OCCL			BUSINESS OR INDUSTR
27	YEARS	Sierre	Madre Cal	Farmin	<u> </u>	Irri	
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	•	c. (Last)	ואיסוטיי ו	13. COLOR OR RACE
NAME  14. AGE (At time of th		EDITH		CILLE	KLAS	<u></u>	White
14. AGE (At time of th		15. BIRTHPLACE (Sta		a. How many cl		children were	Do NOT include this child c. How many OTHER
17. INFORMANT	YEARS	Aberdeen	<u>Idaho</u>	dren are now livin	ng?   born alive but	are now dead?	children were stillborn (born dead after 20 weeks
	_	_	Mother	9			pregnancy)?
Edith 18a. LENGTH OF PR	EG-   18b.	WEIGHT AT BIRTH	Mother  19 Was a standard	conclorion to	t for combilio	nonformed 9	You V No
29 WEEKS	NCY	LBS. OZS.	Approximate da	te	st for syphilis ]	periorined ?	Yes
CAUSE OF STILI		20a. FETAL CAUSES	1	, /	+		
State only morbid causing fetal death (use such terms as i	onditions (do NOT	6.00	malous,	ınfan	<u> </u>		
use such terms as i Prematurity, Asphyx	Stillbirth, lia, etc.)	20b. MATERNAL CAL	SES / LIGHT		, .		
21. STATE ANY COM	IDI ICATIONI	OF PDECNANCY AS	Myser W	MELLIC OF	EDATIONS FOR DE	IVEDY	
SI STATE AND COM	/	IN IL TOUR	in Lagor	10	PERATIONS FOR DE	LIVERY	
I hereby certify	y that V	23a. ATTENDAN	CS-SIGNATURE	B : (Specify 11)	M. D., midwife, or of	hor) I	23b. DATE SIGNED
attended the birth	of this			(specify if	M. D., Indiana, or or	mer)	6.3-52
child who was bo on the date state		23c. ATTENDANT'S A	DDRESS	If NOT   24, SIG	SNATURE OF AUTHO	RIZED OFFICIAL	
at 3,32 L	7.00	Aberdee		attended by physician			
25a, BURIAL, CREM TION, REMOVAL (Spec	A- 25b. I		25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Kenneral	DELY)	e4-1952	Homeste	al	S.W.	aberde	a Shels
DATE REC'D BY LO	CAL REGIS	STRAR'S SIGNATURE	. /	26. FUNERAL DIR		ADI	DRESS
6-3-195	2 /2	enc Va	me	THE	Dance	Um.	Falle Al.
,			7	<del></del>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  PUBL					Tile No
b. CiTY (If outside corpo	Falls Countries write RURAL and	TICE  †  give township)	a. STATE	ENCE OF MOTHER (W b. COUNTY  orporate limits, write RURAL and  od(vitus).	Y 
INSTITUTION (7)	not in hospital or institution, gi	ve atreet address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	THIS BIRTH	Jean	<i>k</i>	Tandell	
	IGLE X TWIN	TRIPLET IST	WIN OR TRIPLET (Thise o	bild born) 6. DATE OF (M	Ionth) (Day) (Year)
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth	h) 10. BIRTHPLACE (9)	tate or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth		tate or foreign country)	a. How many chil-	b. How many children we	R (Do NOT include this child)
17. INFORMANT	Smith.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dren are now living?	born alive but are now dead	c. How many OTHER children were stillborn (born dead after 2º weeks pregnancy)?
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	Approximate da	serological test it	or syphilis performed	
CAUSE OF STILLBIR State only morbid condit causing fetal death (do N use such terms as Stillbi Prematurity, Asphyxia, et	ions NOT irth, c.) 20b. MATERNAL CA	enalus	thy the second	1	atilla H
21. STATE ANY COMPLICATION	ATIONS OF PREGNANCY A		22. STATE ALL OPERA	ATIONS FOR DELIVERY	som your or
I hereby certify tha attended the birth of t child who was born d on the date stated ab	this full		MMA	)., midwife, or other)  FURE OF AUTHORIZED OFFICE	23b. DATE SIGNED
at 6:00 A. m.	· Muri	saus	attended by physician		<u> </u>
25a. BURIAL, CREMA- TON REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY	len, garlo	25d. LOCATION (City, town,	or county)  (State)  Location
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURI	Line	26. FUNERAL DIRECT	tellos 11	ADDRESS Worling
			- V /		Twing stilly Dale



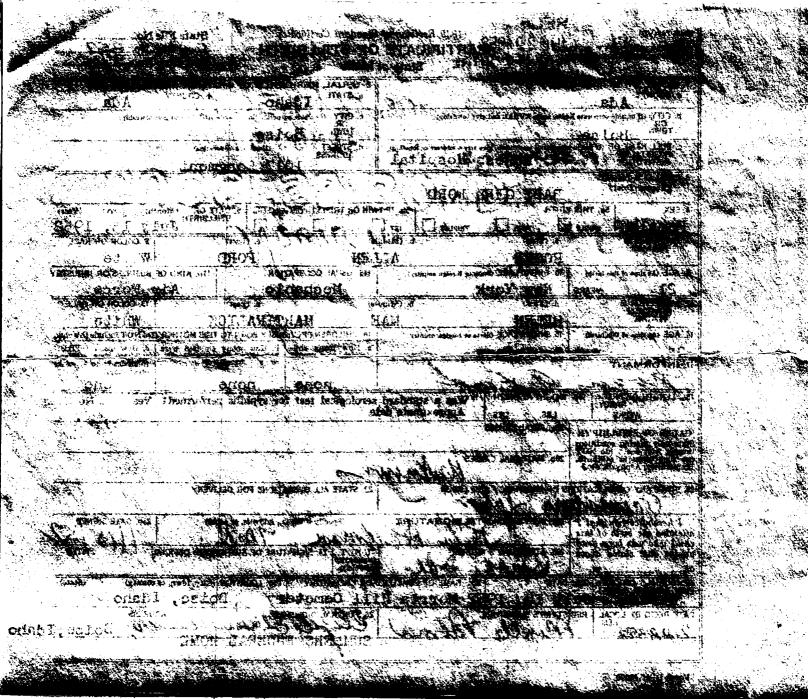
PHS-797(VS) 4-48		RECE	(20 70 200000000	of Standard Certifica	te)	State File	No. 109			
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	NCY $_{ m IUN}28$	CESTIFICATE	OF STILLBI	RTH	Local Reg	. No.			
POBLIC HEALTH SE	IN VICE	DIVISION (	OF VITAIState	of Idaho		Reg. Dist.	No. 3/1			
1. PLACE OF S	TILLBIR	TH HAT	311C6	2. USUAL RESI	DENCE OF MO	OTHER (When	does mother live?)			
a. COUNTY	٧z	allev		a. STATE	laho	b. COUNTY	Valley			
b. CITY (If outsid		mits, write RURAL and	give township)	c. CITY (If outside	C. CITY (If outside corporate limits, write RURAL and give township)					
OR TOWN	St	tibnite		OR	ibnite					
c. FULL NAME C	F (If not in	hospital or institution, giv	re street address or location)	d. STREET	(If rural, give lo	eation)				
HOSPITAL OR INSTITUTION	\$1	tibnite Hos	pital	ADDRESS #3	7 Upper N	Midnight				
3. CHILD'S NA	ME									
(Type or Print	" B€	aby Lindeku	gel							
4. SEX	5a. THIS			F TWIN OR TRIPLET (This			th) (Day) (Year)			
	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STI	LLBIRTH J	me 22. 1952			
7. FATHER'S NAME		a. (First)	b. (M	iddle)	c. (Last)		8. COLOR OR RACE			
		Arthur	Ed	win	Lindekuge	1	White			
9. AGE (At time of the	nie birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPA		<del></del>	BUSINESS OR INDUSTRY			
29	YEARS	Mansfield.	South Dakot	a Mill Opera	tor	1	lining .			
12. MOTHER'S MAIDEN		a. (First)	b. (M	iddle)	c. (Last)		13. COLOR OR RACE			
NAME		I <b>v</b> a		rtle	VanFos	sen	White			
14. AGE (At time of the	in birth)	15. BIRTHPLACE (8t	ate or foreign country)				Do NOT include this child)			
22		Sunnyside.	Oregon	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn			
17. INFORMANT	r - 4	- 00	0 0				(born dead after 20 weeks pregnancy)?			
atten	Edwe	n Frinds	hugel	11	0		1			
	NEG- 18b.	WEIGHT AT BIRTH	<sup>19</sup> . Was a standar	d serological test	for syphilis p	erformed?	YesXNo			
28 WEEKS		LBS. 8 ozs.	Approximate of	late 3/19/	52		y32,3			
CAUSE OF STIL		20a. FETAL CAUSES					7			
State only morbid causing fetal death	conditions (do NOT					<del></del>				
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth, ria, etc.)	20b. MATERNAL CA								
			Eclamptic To							
21. STATE ANY CON		IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY				
	Toxen		<del>)                                    </del>		None					
I hereby certif attended the birth		23a. ATTENDAN	S SIGNATURE		D., midwife, or oth		23b. DATE SIGNED			
child who was bo	rn dead	- Joe		cekner	M.K		6/25/52			
on the date state	A	23c. ATTENDANT'S		attended by	TURE OF AUTHOR	RIZED OFFICIAL	L TITLE			
at 11:45	m.	Stibnite.	Idaho	physician						
25a. BURIAL, CREI TION, REMOVAL (8po		····	25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION					
Removal		/22/52	. / 4	1			y County, Idaho			
X T/ - 5	ES 7	IST AR'S SIGNATURE		26. FUNERAL DIRECT	OR	AD	DRESS			
THE VOT	/UK 6	1 your	Taidner							



RECEIVE!	· · · · · · · · · · · · · · · · · · ·	110
PHS-797(VS) (10/0 Remission of	Standard Certificate) State Fil	No. LIV
FEDERAL SECURITY AGENCY   2 9 192 ERTIFICATE	OF STILLBIRTH Local Re	z. No. 255
PUBLIC HEALTH SERVICE DIVISION OF VITAL State of	Idaho Reg. Dist	No. 370
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Who	
a. COUNTY Ada	a. STATE b. COUNTY	re does mother live?)
b. City (If outside corporate limits, write RURAL and give township)	a. STATE b. COUNTY	1
	OR C. CITY (If outside corporate limits, write RURAL and give	e township)
	TOWN Hoise	
c. FULL NAME OF (If not in hospital or institution, give atrost address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.	d. STREET (If rural, give location) ADDRESS	
	2119. Pleasonton	
3. CHILD'S NAME ((Type or Print) CHARLES ALBERT HESSE.		
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born) 6. DATE OF (Mor	tth) (Day) (Year)
Male SINGLE TWIN TRIPLET IST	2ND SRD STILLBIRTH	2 10K2.
7. FATHER'S a. (First) b. (Midd		8. COLOR OR RACE
MILLIAM ALBEI	· ·	
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		BUSINESS OR INDUSTRY
29 YEARS Boise. Idaho.	· · · · · · · · · · · · · · · · · · ·	
12. MOTHER'S 8. (First) b. (Midd		oher Oil Co.
NAME MARY JOSEPHINE	HARKINSON.	White.
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	
28 YEARS Boise. Idaho.	a. How many chil- b. How many children were	
17. INFORMANT	dren are now living? born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
This all sunt +		pregnancy)?
18a. LENGTH OF PREG.   18b. WEIGHT AT BIRTH   19 17 19	1 None.	None.
NANCY Was a standard	serological test for syphilis performed?	Yes No
20. EETAL CAUCCE	12-25-5/	¥34,2
CAUSE OF STILLBIRTH State only morbid conditions	1 - 1	11/2 2
use such terms as Stillbirth, 20b. MATERNAL CAUSES	- presenteum + pr	Marked Card
Prematurity, Asphyxia, etc.)	Pr	oldpeed.
21 CTATE ANY COMPLICATIONS OF PRESNANCE AND ASSESSMENT		<i>'</i>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
Françoise gelleteten	Padelle serve	<b>~</b>
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
child who was born dead	vaso	7-15-52
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIA	L TITLE
at	physician	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (City, town, or	county) (State)
Burial July 14,1952 Morris Hi	ll Cemetery Boise, Ida	no
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR AD	DRESS
7-22-52 //wrtle Talmes		Boise, Idaho
	SUMMERS FUNERAL HOME	
	enjue 6/min	mer.
Form DDU 40000	//	

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PHS-797(VS) 4-48 FEDERAL SECUR	ITY AGE	RECEN JUL 291	195 <b>2-</b> 0	TIEI - 1 TE	Standard Certificate OF STILLBIF	e) >TU	State File		111
PUBLIC HEALTH SE	:B∧id <b>D</b> IA	ISION OF	FVITA	State of		X 1 1 1	Reg. Dist.		**********
1. PLACE OF S	TILLBIR	TH	4100-		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY A	ia_				a. STATE Ida	h <b>o</b>	b. COUNTY	Ada	
b. CITY (If outside OR		mits, write RURA	L and give tow	nahip)	c. CITY (If outside co		RURAL and give		<del></del>
TOWN	nise				TOWN BO	ise			
c. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institut St. Luk		ospital	d. STREET ADDRESS	(If rural, give lo	-		<del></del>
3. CHILD'S NA				·				· · · · · · · · · · · · · · · · · · ·	
(Type or Print	:)	BABY G	IRL F	'OR <b>D</b>					
4. SEX	5a. THIS				WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
Female	SINGLE		TRI	PLET 1ST	2ND -	3RD STI	Ju]	ly 13, 1	952
7. FATHER'S NAME		a. (First)		b. (Midd		c. (Last)		8. COLOR OR RA	ICE .
		ROGER			LEN	FORD		White	
9. AGE (At time of the	nie birth)	10. BIRTHPLA		oreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR IN	DUSTRY
21	YEARS	New Y	<u>Cork</u>		Mechan	ic	Air	Force	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (Last)		13. COLOR OR R	ACE
NAME		HELEN		MA:	E MAR	TINALIC	K	White	
14. AGE (At time of the	ais birth)	15. BIRTHPLA	CE (State or fo	oreign country)	16. CHILDREN PREVIO		<del></del>	Do NOT include th	is child)
23	YEARS	Louisi	ana		a. How many children are now living?	b. How many born alive but as	children were re now dead?	c. How many O children were s	THER
17. INFORMANT	Г							(born dead after 2 pregnancy)?	∩′weéks
10g	er	47	2 Ord		none	none		one	
18a. LENGTH OF PR NAI WEEKS	NCY	WEIGHT AT BIF	.   ٧	as a standard pproximate da	serological test f	or syphilis p	erformed?	Yes No	9.6
CAUSE OF STIL	LBIRTH	20a. FETAL CA	AUSES		·			<del>- y -</del>	<u> </u>
State only morbid	conditions							•	
causing fetal death use such terms as Prematurity, Asphy:	(do NOT Stillbirth, ria, etc.)	20b. MATERN	AL CAUSES	Inknow	m –				
21. STATE ANY COM	IPI ICATION	S OF PREGNA	VCV AND IA		22. STATE ALL OPER	TIONS FOR DEL	WEDY		
Prus	MATA	W	abor		22. STATE ALL OPER	ATIONS FOR DEL	IVERT		
I hereby certif attended the birth		23a. ATTEN	DANTIS	MIGNATURE	(Specify if M. I	o., midwife, or oth	er)	23b. DATE SIGNE	Pin
child who was bo	rn dead		<u> </u>	O NE	Comme.	1/11/1		11/31	5/
on the date state	d above	23c. ATTENDA	nt's addre	Du.	If NOT 24. SIGNAT attended by physician	TURE OF AUTHOR	RIZED OFFICIA	L / \ 70	TLE
25a. BURIAL. CREI TION, REMOVAL (Sp. Burial	MA- 25b.	DATE		Morris H	OR CREMATORY	25d. LOCATION	(City, town, or		State)
7-22-52	CAL REG	STRAR'S SIGNA	ATURE /	Umer	26 CUPRAL DIRECT	Eleu		DRESS Bo1	se,Idal
					SUMPERS F	UNERAL I	HOMIE		

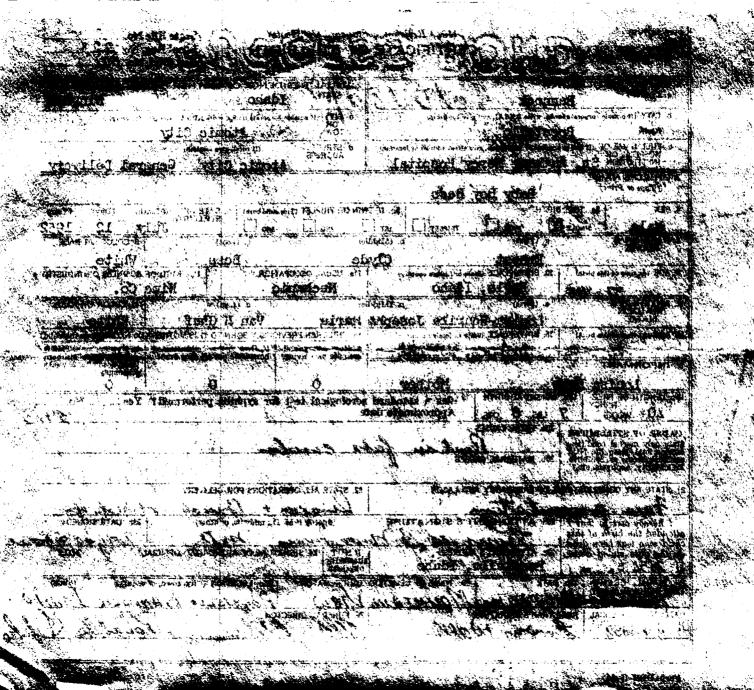


PHS-797(VS)		RECE			Standard Certifica		State File		12
4-48 FEDERAL SECURI PUBLIC HEALTH SEI	ITY AGEN	YOYALIG 7	1CERTIF	CATE	OF STILLBI	RTH		. No. 2.73	<b></b>
	, <u>.</u>	NAISION	OF VIIME	State of	Idaho		Reg. Dist.	No3Za.	
1. PLACE OF ST a. COUNTY Ada	TILLBIR	TH STAT	19116		a. STATE Ida		DTHER (When	does mother live?)	
b. CITY (If outside	corporate li	mits, write RURA	and give township)	··	c. CITY (If outside			township)	···
town Bo	ise,				TOWN B	oise,			
HOSPILAL OR			on, give street address S Hospit		d. STREET ADDRESS 2	(If rural, give to 226. Tar	gee St	reet.	
3. CHILD'S NAI									
(Type or Print,	TIL	EVA	ANN		CRITES.				
4. SEX	5a. THIS I			5b. IF T	WIN OR TRIPLET (This	ehild born) 6. DA	TE OF (Mont	,	(Year)
Female.	SINGLE		TRIPLET	J IST L	J 2ND L		1y. 24.	1952	
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR R	
		Charl		Lee		Crites		White.	
9. AGE (At time of the			E (State or foreign co		11a. USUAL OCCUPA			BUSINESS OR IN	
33•	YEARS		spille 0		Sign Pai		Sign	<u>Painting</u>	<del></del>
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	•	c. (Last)		13. COLOR OR	RACE
NAME	· · · ·	Merns		atric		tham.		White.	
14. AGE (At time of thi	in birth)	5	CE (State or foreign co	- ·	16. CHILDREN PREV	<del>-,</del>	<del>`</del>		
23 17. INFORMANT	YEARS C 4	Obrien	. Oregon	<u>.                                    </u>	a. How many chil- dren are now living?	b. How many born alive but a	children were we now dead?	c. How many ( children were (born dead after) pregnancy)?	still born
22267	Targe	u St	RR6	Bus	c None.	None.	, ,	None	<b>,</b>
18a. LENGTH OF PRI NAN WEEKS	EG- J6b.	WEIGHT AT BIR	was a	standard imate da	serological test	for syphilis p	erformed?	Yes N	o
	DIDMI	20a. FETAL CA		7 7		1		y 38.	<u> </u>
CAUSE OF STILL State only morbid e causing fetal death ( use such terms as	onditions	Un	encyphi	le M	snota, A	France	ocelp		
Prematurity, Asphyx	ia, etc.)	20b. MATERNA	LOVE	2	,	. 0			
21. STATE ANY COM	PLICATION	IS OF PREGNAN	CY AND LABOR		22. STATE ALL OPER	RATIONS FOR DEL	JVERY		
I hereby certify attended the birth child who was bo	of this	23a. ATTEN	DANT'S SIGNA	<b>TURE</b>	(Specify if M.	D., midwife, or oth	her)	23b. DATE SIGN	652
on the date state		23c. ATTENDAL	NT'S ADDRESS	ko	If NOT attended by physician	ATURE OF AUTHO	RIZED OFFICIAL	L T	ITLE
25a. BURIAL, CREM	A- 25b.	DATE	1		OR CREMATORY	25d. LOCATION			(State)
TION, REMOVAL (8pec		1y. 26.	1952	Morri	s Hill Cer	detery.	Boise.	Idaho.	
DATE REC'D BY LOC	AL REGI	STRAR'S SIGNA	TURE,		26. FUNERAL DIRECT	TOR	AD	DRESS	
8-2-52		Mystl	e Tolm	nes	Summers	Funerel	Home I	Boise I	debo-
			•		Oles . I.	5/1	mi		
		· · · · · · · · · · · · · · · · · · ·				<del>p ~~~</del>			

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PHS-797(VS) 4-48		RECER			Standard Certificat		Stat	e File No	1	[3]
FEDERAL SECUR PUBLIC HEALTH SE	RVICE				OF STILLBIF	₹TH			o. 209.	********
		VISION OF V	Stat	te of	Idaho		rteg.	Dist. No	)5 <i>[.</i> .L	*******
1. PLACE OF S a. COUNTY	TILLBIR	Bannock			2. USUAL RESID	ence o	F MOTHER b. COI		e mother live?) Power	
b. CiTY (If outsid	e corporate li	mite, write RURAL and gi	ve township)		C. CITY (If outside or OR	orporate limit	s, write RURAL	and give tow		
OR TOWN		Pocatel	lo		TÖŴN	Ame	erican F	alls		
INSTITUTION	St. I	hospital or institution, give Inthony Merc		ion)	d. STREET ADDRESS		give location) ican Fa	lls,	Idaho	
3. CHILD'S NA		Stanley	Porath							
4. SEX	5a. THIS		.5b	. IF T	WIN OR TRIPLET (This	hild born)	6. DATE OF STILLBIRTI	(Month)	(Day)	(Year)
Male	SINGLE		TRIPLET	1ST	2ND	3RD	STILLDIKTI	' July	7	1952
7. FATHER'S NAME		a. (First)	b. (	(Middl	le)	c. (L	ast)	8.	COLOR OR R	ACE
		Edward		Wil	liston	Po	rath	1	White	
9. AGE (At time of the 45	YEARS	0'Neil,			11a. USUAL OCCUPAT	ГІОМ	11b. K	Farm	ISINESS OR IN	DUSTRY
12. MOTHER'S MAIDEN		a. (First)	b. (	(Middi	le)	c. (L	ast)	13	COLOR OR	RACE
NAME		Persis		Luc	ille	Ha	skell		White	
14. AGE (At time of the	hie birth)	15. BIRTHPLACE (Sta			16. CHILDREN PREVIO	,				<del></del>
33 17. Informan	YEARS	Sublette	, Idaho		a. How many chil- dren are now living?	b. How r born alive	many children but are now o	lead? ch	How many Collidren were some dead after Segnancy)?	tillborn
Luc	ille F	Porath	Mother	- 1	5		1	l br	0	
18a. LENGTH OF PR NA ДО WEEKS			<sup>19</sup> Was a stand Approximate	lard e dat	serological test f	or syphi	lis perform	ned? Yo	s K N	8.3
CAUSE OF STIL State only morbid causing fetal death use such terms as Prematurity, Asphy	conditions (do NOT Stillbirth,	20a. FETAL CAUSES 20b. MATERNAL CAU	lies of	yek	shuntus	mul	tiple	iong	eni Foll	
		ns of pregnancy and recurbation			22. STATE ALL OPER	ATIONS FOI	R DELIVERY			
I hereby certif attended the birt child who was be	h of this	23a. ATTENDANT	SIGNATUR	Je.	(Specify if M. I	)., midwife,	or other)	23	DATE SIGNE	1152
on the date state at 7:10 B.	ed above	23c. ATTENDANT'S A			If NOT attended by physician	TURE OF A	UTHORIZED C	FFICIAL	, <sub>T</sub>	ITLE
258. BURIAL, CRE TION, REMOVAL (8pm Ham & Bang	MA- 25b.	DATE - 9- 1952	25c. NAME OF CEMI	ETERY	OR CREMATORY	25d. LOCA	ITION (City, t	wn, or cou	Ade .	(State)
JUL 16 10	CAL REG	ISTRAR'S SIGNATURE  M. Wallin per	· Malane a	انک	26. FUNERAL DIRECT	OR D	mi	ADDRI	im. J	Telle, Ida

TEST ASSETTANDA THOSE Attend y Could THE COUNTY OF TH tone of the south William Standard for the Company of 9 The second of th Total file mediane of the Trans. I would be to the total of the total ALTERNATION AND ADMINISTRATION OF THE PROPERTY



PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		ERTIFICATE		•	State File Local Reg.	No. 224	15
	IL 3 1 19 <b>52</b>	State of	Idaho		Reg. Dist.	No	K
1. PLACE OF STILLBII a. COUNTY	RTH Banno	ck	2. USUAL RESID a. STATE	ENCE OF MO Idaho	THER (Where b. COUNTY	does mother live?) Banno	ock
b. CITY (If outside corporate	limits, write RURAL and giv	e township)	c. CITY (If outside of	orporate limits, write	RURAL and give	township)	
OR TOWN	Pocat	ello	TOWN		tello		
· · · · · · · · · · · · · · · · · · ·	Anthony Merc		d. STREET ADDRESS	(If rural, give los 5B Poca	cation) tello He	eights	
3. CHILD'S NAME ((Type or Print)	Kanoa P	ond					
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This	hild born) 6. DAT	EOF (Mont	h) (Day)	(Year)
Male SINGLE	TWIN X	TRIPLET IST	2ND X	3RD STIL	LBIRTH Jul	v 13	1952
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR I	
IVANIE	$\operatorname{\mathtt{Ted}}$	T.	_	Pond		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR II	NDUSTRY
22 YEARS	Island Par	rk, Idaho	Corpor	al		Army	
12. MOTHER'S	a. (First)	b. (Midd	<u> </u>	c. (Last)		13. COLOR OR	RACE
MAIDEN NAME	Ireta		A.	Bergs	trom	White	10102
14. AGE (At time of this birth)	15. BIRTHPLACE (State		16. CHILDREN PREVIO				this shild)
24 YEARS			a. How many chil-	b. How many oborn alive but ar		c How many	OTHER
17. INFORMANT		2201,022	dren are now living?	born alive but ar	e now dead?	children were (born dead after	stillborn 20 weeks
Ted L. Pond		Father	9	0		pregnancy)?	
		<sup>9</sup> Was a standard Approximate da	serological test f	or syphilis po	erformed?		34.1-
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 20b. MATERNAL CAUS	Erebri	el anor	ica?	mety	in pres	hancy
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	TIONS FOR DELI	VERY		<del></del>
multiple	prague	nec.	Tros	_8_	•		
I hereby certify that I attended the birth of this child who was born dead	29. ATTENDANT	SSIGNATURE	(Specify if M. I	)., midwife, or other	er)	23b. DATE SIGN	ED C
on the date stated above at4.22 D. m.	23c. ATTENDANT'S AD Pocatello		If NOT attended by physician	TURE OF AUTHOR	NIZED OFFICIAL		TITLE
BURIAL Ja	14/6,1402/	Sc. NAME OF CEMETERY	VIEW	25d. LOCATION (		Ounty)	(State)  LDAUN
DATE REC'D BY LOCAL REG	istrar's signature, was m. w	allin	26. FUNERAL DIRECTO	Han	ADE	Poiatil	12 ( da)
							-74

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PHS-797(VS) 1-48	RE	CEIVED	(1949 Revision of	Standard Certificate	e)	State File I	NTA .	i O
FEDERAL SECUR	RITY	MFY3 1952 C	ERTIFICATE	OF STILLBIF	RTH	Local Reg.	No. 23'	7
D	PIVISIC	ON OF VITAL	State of	i Idaho		Reg. Dist. I	No <i>510</i>	**********
1. PLACE OF S	TILL	ANSTICO		2. USUAL RESID	ENCE OF M	OTHER (Where	ioes mother live?	)
a. COUNTY		Bannoc	k	II a STATE	daho	b. COUNTY	Barino	_
b. CITY (If outsid	le corporate i	imits, write RURAL and gi	ve township)	c. CITY (If outside co	orporate limits, writ	e RURAL and give t	ownship)	
OR TOWN		Pocate	<u>llo</u>	TOWN	Pocat	tello		
c. FULL NAME C HOSPITAL OR	1	hospital or institution, give	· · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS	(If rural, give l	ocation)		
HOSPITAL OR INSTITUTION		Anthony Merc	y Hospital		109 North	llth.		
3. CHILD'S NA ((Type or Print		Diane Hy	mas					
4. SEX	5a. THIS		.5b. 1F T	WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Month	i) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD   51	July	7 21	1952
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR	RACE
····		Rex		nest	Hymas	3	White	
9. AGE (At time of the	his birth)	10. BIRTHPLACE (Stat		11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
35	YEARS	Liberty,	Idaho	Conductor	r	U.P.	R.R.	
2. MOTHER'S MAIDEN		a. (First)	b. (Midd	ile)	c. (Last)		13. COLOR OR	RACE
NAME		Helen		_	Austi		White	
4. AGE (At time of the		15. BIRTHPLACE (State		16. CHILDREN PREVIO				
<u>الر</u> 7. INFORMAN	YEARS T	Liberty,	Idaho	a. How many children are now living?	b. How many born alive but a		c. How many children were (born dead afte pregnancy)?	other stillborn r 20 weeks
Helen	Hymar	<u> </u>	Mother	<u> </u>	0	'	O	)
8a. LENGTH OF PR NA 40 WEEKS	NCY	WEIGHT AT BIRTH LBS. 2 OZS.	<sup>19</sup> Was a standard Approximate da	serological test t	or syphilis i	performed?	Yes.	No
CAUSE OF STIL	conditions	20a. FETAL CAUSES	ione a	ppolar	it			<del></del>
ausing fetal death	(do NOT Stillbirth.	20b. MATERNAL CAU	SES /					<u> </u>
Prematurity, Asphy	xia, etc.)	Colle	centa p	hevia;	place	Al D	gears	reco
I. STATE ANY COM	MPLICATIO	NS OF PREGNANCY AN	D LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	•	<del></del>
as al	me			Ceasar	iare	Section	~ ·	
I hereby certif	fy that I	23a. ATTENDANT	SIGNATURE	(Specify if M. I	O., midwife, or ot		23b. DATE SIG	NED
ttended the birti hild who was bo	h of this	1	1. K. Le	any	17.1		31 Jul	ly 195
n the date state	ed above	23c. ATTENDANT'S AL		If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	— <i>O</i> ,	TITLE
<u>u 11:11 a.</u>		Pocatell	lo, Idaho	physician				
5a. BURIAL, CREI ION, REMOVAL (8p	MA- 25b.	DATE -22-52	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or oc	Jolo	(State)
JG 1 2 1952	CAL REG	ISTRAR'S SIGNATURE	allen	26 FUNERAL DIRECT	Thene	ADD ADD	RESS	HA S
				by the	man		1.000	

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PHS-797(VS) 4-48		(1949 Revision of	Standard Certificate	d Certificate) State File No.			
FEDERAL SECURITY AGEN	CY "C	ERTIFICATE	OF STILLBIF	RTH Local Re	g. No		
PUBLIC HEALTH SERVICE	JL 31 1952	State of		Reg. Dis	No. V		
1. PLACE OF CHILBIR a. COUNTY	TH Jake		2. USUAL RESID a. STATE	ENCE OF MOTHER (WE	ere does mother live?)		
b. CITY (If optside corporate lin	the, write BURAL and give	re township)	c. CITY (If outside on TOWN	rporate limits, write RURAL, and gi	ve tompship)		
	cepital or insulation, give	atreet address or location)	d. STREET CADERESS	(M rural, give location)	· ·		
3. CHILD'S NAME (Type or Print)	by Wh	thrich	-				
SEX 5a. THIS E	<del>-</del>	TRIPLET St. IF T	WIN OR TRIPLET (This c	hild born) 6. DATE OF (Mo	1 1250		
7. FATHER'S NAME	(First)	b. (Midd	•	c. (Last)	8. COLOR OR RACE		
9. AGE (At time of this birth) YEARS	10 BIRTHPLACE (State	g or foreign-yountry)	11a. USUAL OCCUPAT	,	OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME	arlene	b. (Midd		c. (Last)	13. COLOR OF RACE		
14. AGE (At time of this birth)	15. BIRTHPLACE (State	e or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)		
17. INFORMANT	Kamonder	the Zvyomin	How many chil- iren are now living?	b. How many children were born alive but are now dead?	e c. How many OTHER children were stillborn (born dead after 20 weeks		
Lail Dolson	2/ with	into	none	none	pregnancy)?		
18a. LENGTH OF PREGNANCY NANCY WEEKS	WEIGHT AT BIRTH	Was a standard Approximate da	serological test t	or syphilis performed?	Yes. No		
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	undeterm	•	_ <u> </u>	ys ne		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	None		. , ,			
21. STATE ANY COMPLICATION	S OF PREGNANCY AN		22. STATE ALL OPERA	ATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT		(Specify if M. I	O., midwife, or other)	23b. DATE SIGNED		
on the date stated above atm.	23c. ATTENDANT'S AI	rugs Jan	If NOT 24. gGNA attended by physician	TURE OF AUTHORIZED OFFIC	IAL TITLE		
25a, BURIAL, CREMA- TION, REMOVAL (Specify)	MT 195	25c. NAME OF CEMETER)	OR CREMATORY	25d. LOCATION (City, town,	or county) (State)		
DATE REC'D BY LOCAL REGI	STRANG SIGNATURE		26 FUNERAL DIRECT	or Thus Mond	ADDRESS Believ Salahs		
1-9	14						

and the

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE AUG

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No	
Local Reg. No.	136
State File No Local Reg. No Reg. Dist. No	4/0

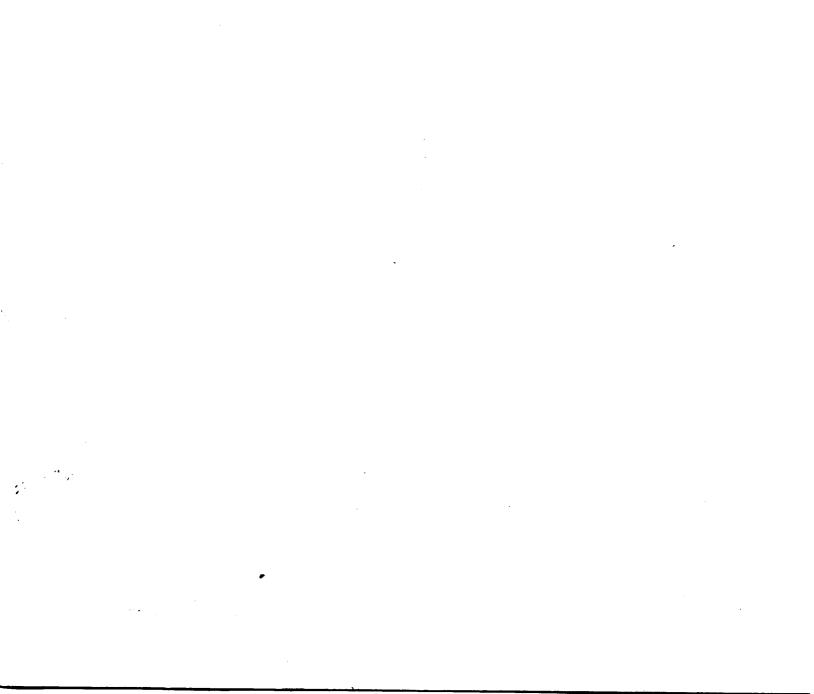
PUBLIC HEALTH SERVICE AUG 12 1952 State	e of Idaho	Reg. Dist	Reg. Dist. No		
a. COUNTY DO MONTO VILLE	2. USUAL RESID	DENCE OF MOTHER (Who	re does mother live?)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAQAO Fa//5	TOWN 🕰	orporate limits, write RURAL and give			
c. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR INSTITUTION W.D.S. HOSPITAL	d. STREET ADDRESS	(If rural, give location)			
3. CHILD'S NAME ((Type or Print) Harie An	n Me	rritt			
	. IF TWIN OR TRIPLET (This o	STILLBIRTH >	nth) (Day) (Year) ne v6 1952		
7. FATHER'S a. (Eist) b. (  Ames E L	Middle)	Merritt	8. COLOR OR RACE		
	at Strong	TION 11b. KIND O	F BUSINESS OR INDUSTRY		
MAIDEN NAME Conda	(Middle)	C. (Last)	13. COLOR OR RACE		
14. AGE (At time of the birth)  15. BIRTHPLACE (Stay or foreign country)  YEARS  17. INFORMANT  HAVOLD  This is a second of the birth o	a. How many children are now living?	b. How many children were born alive but are now dead?	(Do NOT include this child)  c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
J WEEKS   LBS. OZS.   Approximate	ard serological test	or syphilis performed?	Yes No. No. 72 Y39,5		
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERNAL CAUSES	through un	bilieur befo	re birth.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	Mone			
chua who was born deda	ll, m. U	o, midwife, or other)	July 1, 1952		
on the date stated above 23c. ATTENDANT'S ADDRESS at	attended by physician	TURE OF AUTHORIZED OFFICIA			
Saries June 30 57 Milo Cc	me lery	25d. LOCATION (City, town, or	- N-1		
July 22-1982 REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR Lieians	Tano Fal		
<i> </i>	•				

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PHS-797(VS) 4-48		· · ·	Standard Certificat	-,	State File	No	
FEDERAL SECURITY A PUBLIC HEALTH SERVICE	GENCYALLO 19	ERTIFICATE	OF STILLBIF	Local Reg	State File No		
PODEIC HEALTH SERVICE	AUG 12	೮೦೭ State of	Idaho		Reg. Dist.	No6/0	******
1. PLACE OF STILL	BIRTH		2. USUAL RESID	ENCE OF MO	OTHER (When	e does mother live?)	
a. COUNTY	Bonne ville		I A STATE	ah e	K COUNTY	Bonnevi	
b. CITY (If outside corpor	ate limits, write RURAL and	rive township)	C. CITY (If outside of	orporate limite, write			
TOWN Idaho	Falls		TOWN Ide	he Fall	ls		
C. FULL NAME OF (If no	ot in hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give i			<del></del>
HOSPITAL OR INSTITUTION S	acred Heart		15	3 E. 18	th St.		
3. CHILD'S NAME							
((Type or Print)	Infant	Linger					
[[	HIS BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
	SLE 💆 TWIN	TRIPLET 1ST	2ND	3RD   SII	Ju	ly 20	1952
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)		8. COLOR OR	RACE
	Charles	Reube	n	Linger	r y	White	ı
9. AGE (At time of this birth)	5. G		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR I	NDUSTRY
26 YEA	rs Idah	10	Plumber		Gener	al Cons	truction
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME	Frances	Jean		Croft		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO				
25 YEA	RS Idaho	)	a. How many chil- dren are now living?	b. How many born alive but s	children were	c. How many children were (born dead after	OTHER stillborn
17. INFORMANT	DP		. 2			(born dead after pregnancy)?	20 weeks
Olnie	d. dis	rger	2	0			0
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f	or syphilis p	erformed?	Yes. L	Vo
WEEKS	LBS. OZS.	Approximate dat	te.			V39	. 2
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES	11	-				
State only morbid condition causing fetal death (do NO	ons T	hoola	losis				
State only morbid condition causing fetal death (do NG use such terms as Stillbir Prematurity, Asphyxia, etc.	th, 20b. MATERNAL CAI	USES	<b>-</b>				
	- an	negal					<del></del>
21. STATE ANY COMPLICAT	•	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	LIVERY		
Khne	<del></del>						
I hereby certify Wat attended the birth of the		T'S SIGNATURE	(Specify if M. I	)., midwife, or otl	ber)	23b. DATE SIGN	iED
child who was born de	ad June	A. Car	y mp	<u> </u>	<u> </u>	1/28	10-2
on the date stated abo	ve 23c TTENDANT'S A		attended by	TURE OF AUTHO	RIZED OFFICIAL	L .	TITLE
at m.	25b. DATE	OF NAME OF CONCEPTO	physician				<del></del>
TION, REMOVAL (Specify)	1	25c. NAME OF CEMETERY		25d. LOCATION		= :	(State)
		2 Fielding			onnevil	<u>le Id</u>	ah <b>o</b>
DATE REC'D BY LOCAL I	REGISTERR'S SIGNATURE	Builan	26. EUNERAL DIRECTO			DRESS Idaho F	alls,
1 -7 4/1/02		7	Sucur			- Ida	<del>ho</del>
<i>Y</i>		$\mathcal{U}$					

**3** . • . 1 1

PAGE 79 (VS)  (1948 Revision of Standard Certificate) State File No			121
AUS 2 1932 State of Idaho  Reg. Dist. No	4.00		3 A
1. PLACE OF STILLBIRTH a. COUNTY  a. COUNTY  b. COVINTY  C. FULL NAME of circumstance limits, write full All, and give township) TOWN  C. FULL NAME of circumstance limits, write full All, and give township) TOWN  C. FULL NAME of circumstance limits, write full All, and give township) TOWN  C. FULL NAME of circumstance limits, write full All, and give township) TOWN  C. FULL NAME of circumstance limits, write full All, and give township) TOWN  C. FULL NAME of circumstance limits, write full All and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of the sine with a full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) TOWN  C. FULL NAME of circumstance limits, write full and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give township) Township full debt of circumstance limits and give to			
a. STATE  b. CCIVITY (If outside corporate limits, write flutual, and give township) TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in MANLE OF CITY (If outside corporate limits, write BURAL and give township)  TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in MANLE OF CITY (If outside corporate limits, write BURAL and give township)  TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in MANLE OF CITY (If outside corporate limits, write BURAL and give township)  TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or possession in MANLE OF CITY (If outside corporate Burit, write BURAL and give township)  TOWN  c. FILL MANLE OF CI not in benginal or positivation, give street indicates or foreign outside conditions on the positivation of the birth of	AUU 2 1332 State o	i Idaho Reg. Dist.	140
D. CITY (If outside corporate limite, write/furnal, and give township) TOWN  C. FILL NAME of Cit act in hospital of particulor, give streat address or function) INSTITUTION C. CLUB NAME (If your Print)  S. CHILD'S NAME (If your Print)  S. Sa. THIS BIRTH SINCE TWIN TRIPLET IST NO. 300  S. CHILD'S NAME  (If your Print)  S. CHILD'S NAME  (If your Print)  S. CHILD'S NAME  S. THIS BIRTH SINCE TWIN TRIPLET (Tais child born)  S. CHILD'S NAME  S. COLOR OR RACE  S. COLOR OR RACE  S. COLOR OR RACE  S. COLOR OR RACE  S. CHALLING OF BUSINESS OR INDUSTRY  TOWN  110. KIND OF BUSINESS OR INDUSTRY  122. MOTHER'S  S. CHILD'S PRES  S. COLOR OR RACE  S.			less mother live?)
b. CITY (If outside corporate limits, write RUBAL and give township) TOR  C. FULL NAME of Cit and in hospital or gentitution, give street address or location) INSTITUTION CAULED TO THE STATE OF CONTROLL OF CONT	a. COUNTY	a. STATE dano b. COUNTY	(anuon)
TOWN  C. FULL MANGEOF Cit and to hospitular of geneticular decisions of the street address or lycasions (STREET ADDRESS)  C. FULL NAME (Type or Print)  S. CHILD'S NAME  (Type or Print)  SINCIE TWIN TRIPLET (Table shild born)  SINCIE TWIN TWIN TRIPLET (Table shild born)  SINCIE TWIN TWIN TRIPLET (Table shild born)  SINCIE TWIN TWIN TWIN TRIPLET (Table shild born)  SINCIE TWIN TWIN TWIN TWIN TWIN TRIPLET (Table shild born)  SINCIE TWIN TWIN TWIN TWIN TWIN TWIN TWIN TWIN	OD -	c. CITY (If outside corporate Mmits, write BURAL and give	
A. SEX Sa. THIS BIRTH SINGLE TWIN TRIPLET Sb. IF TWIN OR TRIPLET (Table child born) G. DATE OF (Month) (Day) (Year)  1. FATHER'S Single TWIN TRIPLET Sh. (Middle) STILLBIRTH (Last) Stillbirth, Stillb	TÖÜN Celdwell	TOWN Wilder.	
4. SEX   5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (Tabe calid born)   6. DATE OF (Month) (Day) (Year)   15T   1752   1752   1752   1754   1752   1754   1754   1754   1754   1754   1754   1755		ADDRESS A	
4. SEX   Sa. THIS BIRTH   Sb. IF TWIN OR TRIPLET (This child born)   S. DATE OF (Month) (Day) (Year)    1. STATHER'S   Sh. (First)   St. (Middle)   STILLBIRTH   St. (C. (Last)   St. (Last)   St. (C. (Last)   St. (Last)   St. (C. (Last)   St. (Last)			
4. SEX Sa. THIS BIRTH SINGLE TWIN OR TRIPLET (This child born of STILLBIRTH S	(Type or Print) Pierce	Johnson	١,
7. FATHER'S NAME  2. (First)  2. (Middle)  3. (CLast)  4. (CLast)  4. (CLast)  5. (CLast)  6. (CLast)  7. FATHER'S NAME  5. (First)  6. (Middle)  7. FATHER'S NAME  9. AGE (At time of this birth)  7. FATHER'S NAME  9. AGE (At time of this birth)  7. FATHER'S NAME  9. AGE (At time of this birth)  7. FATHER'S NAME  9. AGE (At time of this birth)  7. FATHER'S NAME  9. AGE (At time of this birth)  12. MOTHER'S NAME  12. MOTHER'S NAME  13. COLOR OR RACE  14. CLast)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were dead?  17. INFORMANT  18. LENGTY OF PREG. ABD. WEIGHT AT BIRTH NAMC   19. Was a standard serological test for syphilis performed? Yes. NO.  Approximate date  18. CALST   19. Was a standard serological test for syphilis performed? Yes. NO.  20. FETAL CAUSES  20. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23. SIGNATURE OF AUTHORIZED OFFICIAL  24. SIGNATURE OF AUTHORIZED OFFICIAL  11. COLOR OR RACE  11. ACT OF THIS MOTHER (Do NOT include this child)  a. How many children were children were children were still born (born alive but are now dead?  18. LENGTY OF PREG. ABD. WEIGHT AT BIRTH NAME  20. LENGTY OF PREG. ABD. WEIGHT AT BIRTH State only morbid conditions causing fetal death (do NOT)  20. MATERNAL CAUSES  20. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23. SIGNATURE OF AUTHORIZED OFFICIAL  24. SIGNATURE OF AUTHORIZED OFFICIAL  25. DATE EXCLUSIVE AND ADDRES  26. NAME OF CREMETERY OR CREMATORY WILLDER  26. PONESAL DIRECTOR  27. TOTAL CAUSES  28. CALCATION (City, town, or county) Willder  26. FONESAL DIRECTOR  26. PONESAL DIRECTOR  26. PONESAL DIRECTOR  27. TOTAL CAUSES  28. DATE STATE AND DESCRIPTIONS OF ORTHORIZED DESCRIPTION OF ORTHORIZED DESCRIPTION OF ORTHORIZED DESCRIPTION OF ORTHORIZED DESCRIPTION	4. SEX 5a. THIS BIRTH 5b. IF		
9. AGE (At time of this birth) 12. MOTHER'S NAME 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign equatry) 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign equatry) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANT 18. LENGTH OF PREG. (As to many children were low dead?  18. LENGTH OF PREG. (As to many children were low dead?  18. LENGTH OF PREG. (As to many children were low dead?  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low dead?)  18. LENGTH OF PREG. (As to many children were low many children wer	MAKE SINGLE TWIN TRIPLET 1ST		15 1952
9. AGE (At time of this birth)  YEARS  12. MOTHER'S  NAME  13. (Pirst)  14. AGE (At time of this birth)  YEARS  15. BIRTHPLACE (State or foreign country)  16. (Middle)  17. INFORMANT  18. LENGTY OF PRES-(NBb. WEIGHT AT BIRTH NAME)  18. LENGTY OF PRES-(NBb. WEIGHT AT BIRTH AND PRESIDENT ON AND LABOR  OZS. Approximate date  18. COZS. Approximate date  18. COZS. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  23. ATTENDANT'S ADDRESS ADDRESS  ATTENDANT'S ADDRESS ADDR	7. FATHER'S a. (First) b. (Mid	dle) c. (Last)	
12. MOTHER'S NAME  13. COLOR OR RACE  NAME  14. AGE (At Jims of this birth)  15. BIRTHPLACE State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  17. INFORMANT  18. LENGTY OF PREG- NANCY  19. WEIGHT AT BIRTH  State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Frematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  23c. TIENDANT'S ADDRESS  25c. NAME OF CEMETERY OR CREMATORY  3c. MATERNAL CREMA- 10. REMOVAL (Speatry)  25d. DURIAL. CREMA- 25b. DATE  25c. NAME OF CEMETERY OR CREMATORY  Wilder  Peckhapt Dakappeshapel			,, ,, ,, ,,
12. MOTHER'S NAME  14. AGE (At sime of this birth)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  17. INFORMANT  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTY OF PREC. (18b. WEIGHT AT BIRTH NANCY)  20. STATIL ALL OPERATIONS FOR DELIVERY  19. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  10. LENGTY OF PREC. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  10. LENGTY OF PREC. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  10. LENGTY OF PREC. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  10. LENGTY OF AUTHORIZED OFFICIAL  11. NOT at the date of the date of the date of the date of the birth of this child who was born dead on the date stated above at m.  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  24c. SIGNATURE OF AUTHORIZED OFFICIAL  11. NOT attended by Prec. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  11. NOT attended by Prec. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  11. NOT attended by Prec. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  11. NOT attended by Prec. (18b. WEIGHT AT BIRTH DATE OF AUTHORIZED OFFICIAL  11. NOT attended by Prec. (18b. WEIGHT	9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF	BUSINESS OR INDUSTRY
MAIDEN  14. AGE (At pine of this birth)  15. BIRTHPLACE State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were born alive but are now dead?  17. INFORMANT  18a. LENGTLY OF PREG-(18b. WEIGHT AT BIRTH NANCY)  18b. UES. OZS.  18c. LENGTLY OF PREG-(18b. WEIGHT AT BIRTH NANCY)  18c. LENGTLY OF PREG-(18b. WEIGHT AT BIRTH NANCY 20c. NANCY STATUS BOTH NANCY)  18c. LENGTLY OF PREG-(18b. WEIGHT AT BIRTH NANCY 20c. NANCY 20c			Labor.
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVOUSLY BORN TO THIS MOTHER (Do NOT include this child)  17. INFORMANT  18. LENGTH OF PREG. (18b. WEIGHT AT BIRTH NANCY)  18. LENGTH OF PREG. (18b. WEIGHT AT BIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20. MATERNAL CAUSES  21. STATE ALL OPERATIONS FOR DELIVERY  22. STATE ALL OPERATIONS FOR DELIVERY  23. DATE SIGNAL CAUSES  24. SIGNATURE OF AUTHORIZED OFFICIAL  35. BURIAL, CREMA 25. DATE  35. BURIAL, CREMA 25. DATE  35. NAME OF CEMETERY OR CREMATORY  36. FONEPAL PHECIOP PECKhap Decknowledged Peckhap Dec	MAIDEN B. (First)		
## A - YEARS	00330		
18a. LENGTH OF PREG.   18b. WEIGHT AT BIRTH   19 Was a standard serological test for syphilis performed? Yes.   No.   Nancy   36 , 3	$  \cdot   \cdot  $	a. How many chil- b. How many children were	
18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH NANCY 25b. LBS. OZS. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing itetal death (do NOT) rematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  1 hereby certify that I attended the birth of this child who was born dead on the date stated above at m.  25a. BURIAL, CREMA- 7. DELIVERY  25b. DATE SIGNED State All OPERATIONS (Specify II II. D. Midvite, or other)  25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county)  Burial  DATE REC'D SY LOCAL REGISTRAR'S SIGNATURE  26. FÜNEBAL PREC'D PCKhap DKAPPRESAppel	TEMO TO THE TEMPORAL PROPERTY OF THE TEMPORATION TO THE TEMPORATION TO THE TEMPORATION TO THE TE	dren are now living?   born alive but are now dead?	(born dead after 20 weeks
18a. LENGTLY OF PREG. 18b. WEIGHT AT BIRTH NANCY  28a. LENS. OZS. LBS. OZS. Approximate date  CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  20c. FETAL CAUSES  20b. MATERNAL CAUSES  20c. MATERNAL	Bossie Johnson Mother		pregnancy)?
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  attended the birth of this child who was born dead on the date stated above at		serological test for syphilis performed?	Yes No
State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  attended the birth of this child who was born dead on the date stated above at		ate.	0/ 0/
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  attended the birth of this child who was born dead on the date stated above at	CAUSE OF STILLBIRTH   20a. FETAL CAUSES	-	<del></del>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	State only morbid conditions	oue -	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  1 hereby certify that I attended the birth of this child who was born dead on the date stated above at	use such terms as Stillbirth, 20b. MATERNAL CAUSES  Prematurity. Asphysia. etc.)	Leve Selment	in od
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	//www	arun peparas c	the french
attended the birth of this child who was born dead on the date stated above at	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	- agrico co
attended the birth of this child who was born dead on the date stated above at			
child who was born dead on the date stated above at	1 Northly with 1	(Specify if M. D. faidwife, or other)	236. DATE SIGNED
at m.   attended by physician   25a. BURIAL, CREMA-   25b. DATE   25c. NAME OF CEMETERY OR CREMATORY   25d. LOCATION (City, town, or county)   (State)   Ton, REMOVAL (Specify)   July 17-1952   Wilder   Wilder, Idaho   DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   26. FUNEBAL PRECTOR   Peckhap Decape   26. FUNEBAL PRECTOR   26. FUNEBAL PRECTOR   Peckhap Decape   26. FUNEBAL PRECTOR   26. FUNEBAL	child who was born dead	TAXON LO CIONATUDE OF AUTHORIZED OFFICIA	TITLE
ZSa_BURIAL_CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25c. LOCATION (City, town, or county) (State) TION. REMOVAL (Specify) Burial July 17-1952 Wilder Wilder, Idaho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNEBAL PRECTABLE PROCESSIONATURE 26. FUNEBAL PRECTABLE PROCESSIONATURE 26. FUNEBAL PRECTABLE PROCESSIONATURE 26. FUNEBAL PROCESSIONATURE 26. FUNE	on the date stated above 23c. A TENDANT'S ADDRESS	attended by	111125
TION, REMOVAL (Specifix)  Burial July 17-1952 Wilder  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   26. FUNEBAL PLACETY   Peckhap Dakapp Stapel	00		equaty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNEBAL DIRECTOR Peckhar Dakappienapel			(2000)
			ores anel
) CASIAWOLL, CAMPAL, C		1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	eles -
	1	) Carawari, Co	aumo -
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RECEIVED	
PHS-797(VS) JUL 1 4 1952 (1949 Revision of	f Standard Certificate) State File No. 122
FEDERAL SECURITY STEVENON OF VCENTIFICATE	OF STILLBIRTH Local Reg. No
STATISTICS State	of Idaho Reg. Dist. No. 520-52/
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE OF MOTHER (Where dogs mother live!)
Caribou	a. STATE I daho b. COUNTY Caribou
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
C. FULL NAME OF (If not in hospital or institution five street address or level to	d. STREET (If rural, give location)
HOSPITALOR Caribou County Hospital	/ ADDRESS
3. CHILD'S NAME ((Type or Print) M//	
HILAN Day Den	
	TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
7/a/e   SINGLE X TWIN TRIPLET   1ST  7. FATHER'S a. (First) b. (Mic	D 2ND 3RD SILLBIRIH JJ / S 1952  Idle) / C. (Last)   S COLOR OR RACE
NAME JIMMY Me	/x1//e P - 1 - 1 - 1
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
22 YEARS Jakima Washingto	
12. MOTHER'S /a. (First) b. (Mic MAIDEN // // // // // // // // // // // // //	c. (Last) 13. COLOR OF RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country),	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
19 YEARS Jodan Springs Idah	a. How many chil- b. How many children were c. How many OTHER
17. INFORMANT	dren are now living? born alive but are now dead? children were stillborn (born dead after 2º weeks pregnancy)?
Julia Lenham	
	serological test for syphilis performed? Yes. X. No.
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	are January, 1952 y 30,0
State only morbid conditions	mouse
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyla, etc.)	1 1/1 / / / /
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	is. Tylans have been heg for 2 gra
21. STATE ANY COMPLICATIONS OF PREGNANCY AND EABORY	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby settify that I 23a. ATTENDAMY SIGNATURE	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	THERE M.D. 7/9/5
on the date stated above 23c. MATENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at	physician
25s. BURIAL. CREMA- TION, REMOVAL (8 posts)	RY OR, CREMATORY 25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR / Appress
7-8-52 Jama 6. Ellis	1 6 De Butinary
/	Joda Springs
Form DPH-48020	

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*	RECEIVE	<u> </u>		· ·	1.22
PHS-797(VS)	HECEIV	1949 Revision of	Standard Certificate	) State File	e No.
FEDERAL SECURITY AGI	ENCY AUG 4 DEF	ATIFICATE	OF STILLBIR	TH Local Rep	
PUBLIC HEALTH SERVICE	DIVISION OF		Idaho	Reg. Dist	. No. 58 4
1. PLACE OF STILLBI	RTH STATIST	UO	2. USUAL RESID	ENCE OF MOTHER (Whe	re does mother live?)
a. COUNTY ELMO	<b>15</b>		a STATE	AHO b. COUNTY	ELMORE
	limits, write RURAL and give to	wnship)	c. CITY (If outside co	porate limits, write RURAL and give	re township)
TOWN MT.	HOME AFB, IDAHO		TOWN MT	HOME	
HOSPITAL OR	n hospital or institution, give stree	st address or location)	d. STREET ADDRESS	(If rural, give location)	
	HOSP, MT HOME	AFB, IDAHO	OR	EGON TRAIL COURT	<u> </u>
3. CHILD'S NAME	•				
((Type or Print)	ANEITA	JAN	2	NIELSEN	
4. SEX 5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This of	aild born) 6. DATE OF (Mor	nth) (Day) (Year)
SINGLE	TWIN TE	RIPLET 1ST	2ND	RD STILLBIRTH J	ILY 23 1952
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	CARL	MAR	inus	nielsen	CAUCASIAN
9. AGE (At time of this birth)	10. BIRTHPLACE (State or	foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
20 YEARS	S IDAHO MERID	IAN	USAF (AMN	)	USAF
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	CARMELITA	JUN	E	THOMPSON	CAUCASTAN
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	foreign country)	16. CHILDREN PREVIO	USLY BORN TO THIS MOTHER	<del></del>
18 YEARS	TEXAS IOWA	PARK	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Carl Mi	ours M	PAPHER .	NONE	NONE	NONE
18a. LENGTH OF PREGNANCY 21. WEEKS		Vas a standard Approximate da	serological test f	or syphilis performed?	
	20. FETAL CAUSES		·		<del>y 5515</del>
CAUSE OF STILLBIRTH State only morbid condition	RESPIRATORY	CARDTAG	AND CEREBRAL	FATLIFE	•
causing fetal death (do NO7 use such terms as Stillbirth	20b. MATERNAL CAUSES	., Onto .	DID OLIMBRIAN	IALHOILI	
Prematurity, Asphyxia, etc.)	NONE				
21. STATE ANY COMPLICATION		ABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
NONE		0	NONE		
I hereby certify that I		SIGNATURE	(Specify M. I	midwife, or other)	23b. DATE SIGNED
attended the birth of this	John	M. De	wals.	(1-10)-	24 JULY 1952
on the date stated above		ESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at 8:00 P m.	MT. HOME AFB,	IDAHO	physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL	b. DATE 250.	NAME OF CEMETER	Y OR CREMATORY  Correlaty	Maridian (City, town, o	or county) (State)
DATE REC'D BY LOCAL RE REG. 19 BEG.	EGISTRAR'S SIGNATURE	,	26. FUNERAL DIRECT	Day mounts	DDRESS Home Alak
7			70		

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	256	FIVE	! <b>\</b>			104
PHS-797(VS)	HE	1 2 195	2 (1949 Revision of	Standard Certificat	e) State File	No.
FEDERAL SECURITY	AGENDY) G	1 2 50	ERALIFICATE	OF STILLBIF	RTH Local Reg	No. 46
PUBLIC HEALTH SERVI	OIVISIC	), 4 () (	(1949 Revision of FERTIFICATE State of	Idaho	Reg. Dist.	No. 650
1. PLACE OF STIL	L BURTU SI	TELLY!				
a. COUNTY	The second				PENCE OF MOTHER (When	
	11 640110			1.	dano bi cosmi	Fremont
b. CiTY (If outside oor OR	porate limite, write	RURAL and g	ive township)	II OR	orporate limits, write RURAL and give	township)
	Anthony			TOWN St	• Anthony	
c. FULL NAME OF (I HOSPITAL OR	f not in hospital or	institution, give	street address or location)	d. STREET ADDRESS	(If rural, give location)	
	St. Antho	ony. Ge	en. Hosp.	ADDRESS		
3. CHILD'S NAME	-					
((Type or Print)	Rahy (	dirl Na	VA			
4. SEX 5a.	THIS BIRTH			WIN OR TRIPLET (This o	child born) 6. DATE OF (Mon	th) (Day) (Year)
Roma la	INGLE	TWIN 🔲		7 —	STILLBIRTH	
Female s	a. (Fir		TRIPLET 1ST b. (Midd		·	Ly 30, 1952
NAME		_	b. (Midd	ue)	c. (Last)	8. COLOR OR RACE
	Keith !					White
9. AGE (At time of this bi			te or foreign country)	IIa. USUAL OCCUPAT		BUSINESS OR INDUSTRY
	2		ty, Idaho	Contection	ary operator se	elf.
12. MOTHER'S MAIDEN	a. (Fir		b. (Midd	lle)	c. (Last)	13. COLOR OR RACE
NAME	Don:	na Rey	molds			White
14. AGE (At time of this bi	irth)   15. BIR	THPLACE (8ta	te or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	Do NOT include this child)
23 Y	YEARS St.	Anthor	y, Idaho	a. How many chil- dren are now living?	b. How many children were	c. How many OTHER
17. INFORMANT	1/ 0	1 0		cuen are now itamis:	born alive but are now dead?	children were stillborn (born dead after 20 weeks
19 1	H-1//	mellen.		0	0	pregnancy)?
18a. LENGTH OF PREG-	18b. WEIGHT	AT BIRTH	19 Was a standard	complement took (	lon ambilio madamada	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NANCY WEEKS		ozs.	Approximate da	serological test i	or syphilis performed?	YesNo
	20. EE	TAL CAUSES		· · · · · · · · · · · · · · · · · · ·	<del></del>	y 39.6
CAUSE OF STILLBI State only morbid cond	KTH ;		Course	_ undele	imund	,
causing fetal death (do use such terms as Still	NOT	TERNAL CAL	lere			·
Prematurity, Asphyxia,	etc.)	TERNAL CAU	ses / sus	e unde	termine	
	1					
21. STATE ANY COMPLI	CATIONS OF PR	EGNANCY AI	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	none	-		1	resulong	
I hereby certify th	nat I 23a. AT	TENDAN'	T'S SIGNATURE	(Specify if 1.1	O., midwife, or other)	23b. DATE SIGNED
attended the birth of child who was born		. 9	O Secution	mo		yang si
on the date stated o		ENDANT'S A	DDRESS	If NOT   24. SIGNA	TURE OF AUTHORIZED OFFICIA	L //TITLE
at 1	n.	U		attended by physician		· ·
25a. BURIAL, CREMA-	25b. DATE	T	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify) Burial		ust 52	Teton		Teton RFD, Ida	**
DATE REC'D BY LOCAL			<del></del>	26. FUNERAL DIRECT		DRESS
ALCA CAREG.	122	Y XZ	ans.	The Direct	<b>7</b> /	
Jung 5 L	1//	JY1	vous	11/2	Jansen St.	Anthony, Idaho
/					~	

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N.			

PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	NCY      j	CERTIFIC/	\TE	Standard Certificat  OF STILLBIF	e) RTH	Local Reg	No. 2	
PODEIC REALIN SE	.IS VICE	Divisio. •	F. VITAL St	ate of	i Idaho		Reg. Dist.	No. 340-	741
1. PLACE OF S a. COUNTY	ti <b>llb</b> ir Gei		<del>srier</del>		2. USUAL RESID	ence of mo	DTHER (Where	does mother live	ř)
b. CITY (If outside OR TOWN	oorporate li Emme	inits, write RURAL and	give township)		c. CITY (If outside of OR TOWN MININ		RURAL and give	township)	
c. FULL NAME O HOSPITAL OR INSTITUTION	n	hospital or institution, a		eation)	d. STREET ADDRESS e S	(II rural, give to	ocation) Inett	• • • • • • • • • • • • • • • • • • • •	-
3. CHILD'S NA ((Type or Print	-	Edn	ond Lee		Sherrill				
4. sex mo,le	5a. THIS		TRIPLET	56. IF T	WIN OR TRIPLET (This o	shild born) 6. DA	TE OF (Monuted BIRTH Jul		(Year) 1952
7. FATHER'S NAME	Tayl	a. (First)	Finis	. (Midd	Sherr	c. (Last)		8. COLOR OR White	
9. AGE (At time of the	yEARS	Morwood,	Table or foreign country		lever Pull		11ь. KIND OF   Eaund ea	BUSINESS OR	INDUSTRY
12. MOTHER'S MAIDEN NAME	S	a (First)	auline	. (Midd	lle)	c. (Last)	r	vhite	
14. AGE (At time of th	is birth)		State or foreign country	·)	16. CHILDREN PREVIO				<del></del>
17. INFORMANT		nes 2 he	Idaho Hill	<del></del>	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after pregnancy)?	OTHER stillborn ar 2º weeks
18a LENGTH OF PR NAI 36 WEEKS	NCV I	WEIGHT AT BIRTH 5 LBS. 9 OZS.	19 Was a star Approxima		serological test t	for syphilis p	erformed?	Yes. Z	No
CAUSE OF STILI State only morbid causing fetal death use such terms as Prematurity, Asphyr	conditions (do NOT Stillbirth,	20a. FETAL CAUSE  20b. MATERNAL C	tuetin	ì ae	of cond	م م	place	el	
21. STATE ANY COM	IPLICATION	S OF PREGNANCY	AND LABOR	-la	22. STATE ALL OPER	ATIONS FOR DEL	.IVERY		
I hereby certify attended the birth child who was bo	of this	23a. ATTENDAL	evo	RE		O., midwife, or oth	87.	23b. DATE SIG	NED
on the date state	m.	23c. ATTENDANT'S	ell, 7	dol	attended by physician	TURE OF AUTHO			TITLE
25a. BURIAL, CREM TION, REMOVAL (Special Control of Con	. 177	DATE: 14 <b>/</b> 1952	Rivers		OR CREMATORY	25d. LOCATION Enimet	t, Idal	10	(State)
DATE REC'D BY LOOR	EG.   (	ISTRAR'S SIGNATUR	Seatt	y	26. FUNERAL DIRECT	Flanel	W/SP	press Zdo	.ho
/ / /	$\mathcal{O}$	-	-	/					_

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PHS-797(VS) 4-48	RECEIV	(1949 Revision of	Standard Certificate	e)	State File	No1	26
FEDERAL SECURITY PUBLIC HEALTH SERVIC	DIVISION OF	VITAL State of	OL SHIFFRI	RTH	Local Reg. Reg. Dist.	$\alpha \prime \prime$	<i>31/</i>
1. PLACE OF STIL	LBIRTH STATIST	108	2. USUAL RESID	ENCE OF MO	THER (Where	does mother li	
a. COUNTY G	em			daho	b. COUNTY	Gem	¥6:)
b. CITY (If outside corp OR TOWN	orate limits, write RURAL and a	give township)	c. CITY (If outside of OR TOWN	orporate limits, write I	RURAL and give	township)	
c. FULL NAME OF (II HOSPITAL OR INSTITUTION	not in hospital or institution, sly	e street address or location)	d. STREET ADDRESS	(If rural, give loss	ation)		
3. CHILD'S NAME ((Type or Print)	Eldon	Eugene Hou	nt			·	
	THIS BIRTH	5b. IF T	WIN OR TRIPLET (This	child born) 6. DATI	E OF (Mont	h) (Day)	(Year)
	NGLE 2 TWIN	TRIPLET 1ST	2ND	3RD 311L	Lini Jul	y 22,	1952
7. FATHER'S NAME	a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR C	
0.405	Unknown	•		·		white	
9. AGE (At time of this bir	th) 10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPAT	FION	11b. KIND OF	BUSINESS O	R INDUSTRY
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR	OR RACE
NAME	Amanda	Jewel.	Mou	nt		whit	te
14. AGE (At time of this bir	th) 15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO T	HIS MOTHER (	Do NOT incl	ade this child)
	EARS Cascade,	Idaho	a. How many chil- dren are now living?	b. How many c	hildren were now dead?	c. How man	ny OTHER are stillborn
NORMANT	Franc	1 Vino	an.			(born dead a pregnancy)?	fter 20 weeks
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH/ LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test f	or syphilis pe	erformed?	YesX	No
CAUSE OF STILLBIR	tions						
causing fetal death (do l use such terms as Stillb Prematurity, Asphyxia, e	pirth, 20b. MATERNAL CA	USES Placenta	infarcts	, , , , , , , , , , , , , , , , , , ,	LO	•	····
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A		2 2 2 2 2 2 2 2 2	ATIONS FOR DELI	VERY	<u> </u>	·····
-no	me ,				<b>V</b>		
I hereby certify the attended the birth of	this \	T'S SIGNATURE	(Species if M. I	O., midwife, or othe	ir)	23b. DATE S	IGNED 24 1852
child who was born don the date stated at 5:22 A m		ADDRESS		TURE OF AUTHOR	IZED OFFICI	2 2	TITLE
25a. BURIAL, CREMA- LION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (	City, town, or	oounty)	(State)
burial	July 22,195	2 Rivers	ide	Emmett.	Idaho		
ATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	OR	ADI	DRESS	· · · · · · · · · · · · · · · · · · ·
uly 24, 1800	pend on	Elley-	Beatt	y Chapel	L Emme	ett. I	daho
	$\nu$	·				· · ·	

AUG 13 1059

## (1949 Revision of Standard Certificate)

## CERTIFICATE OF STILLBIRTH

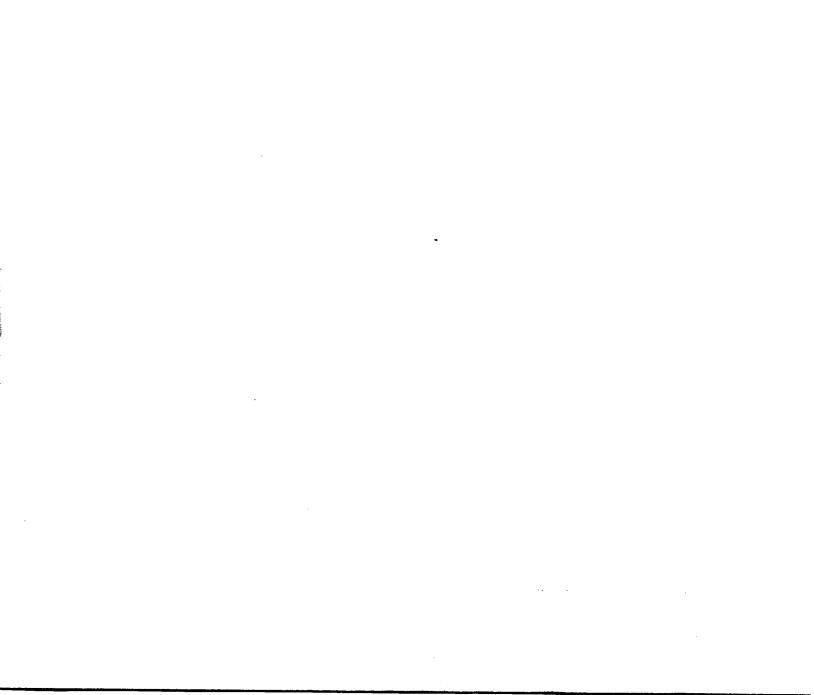
State File No.	
Reg. Dist. No. 420	

			State of	Idano			
1. PLACE OF S	TILLBIR	TH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)
a. COUNTY G	ooding			a. STATE Idal	no	b. COUNTY	Gooding
b. CITY (If outsid	le corporate li	nite, write RURAL and	rive township)	c. CITY (If outside of	orporate limits, write	RURAL and give	township)
	Hagern	an		TOWN Hage:	rman		
			Memorial Hosp	d. STREET ADDRESS	(If rural, give lo	cation)	
3. CHILD'S NA	ME						
((Type or Prin	t)	Infant Gi	rl Jenkins				
4. SEX	5a. THIS	BIRTH	, <b>5</b> b. IF T	WIN OR TRIPLET (This o			
	SINGLE		TRIPLET 1ST		3RD	LLBIRTH Jul	
7. FATHER'S NAME	_	a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR RACE
_	Ca	ri	Edward		Jenkin	.8	White
9. AGE (At time of t	his birth)	10. BIRTHPLACE (St	= -:	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
40	YEARS	Hagerma	an, Idaho	Machinist			
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	lle)	c. (Last)		13. COLOR OR RACE
NAME	. G	ladys	K.	Kle	emm		White
14. AGE (At time of t	his birth)	15. BIRTHPLACE (8		16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (	Do NOT include this child)
41	YEARS	New Jerse	ey	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMAN	ァ	12	0	·			(born dead after 20 weeks pregnancy)?
	aye	Bonn	ung	8	3		None
18a. LENGTH OF PI	KNCY	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate da	serological test i	for syphilis p	erformed?	Yes No. 2
	<u> </u>	20a. FETAL CAUSES	<u> </u>	•			<del></del>
CAUSE OF STIL	conditions						•
causing fetal death use such terms as	(do NOT	20b. MAZERNAL CA	USES				15
Prematurity, Asphy	zia, etc.)	ore-	Matur	, Like	erolei	w. 4	Olyan
21. STATE ANY CO	MPLICATION	S OF PREGNANCY		22. STATE ALL OPER	ATIONS FOR DEL	IVERY	
74	m	orlean	K	/ ~	-		
I hereby certi-		23a. ATTENDA	T'S SIGNATURE	(Specify if M. )	D., midwife, or ot	her)	23b. DATE SIGNED
child who was b	orn dead	OO ATTEMPARITOR	Jury	WYOM LOUGH	THE OF ALTHO	DIZED OFFICIA	TITLE
on the date stat	ed above m.	23c. ATTENDANT'S	of Tha	attended by physician	TURE OF AUTHO	RIZED OFFICIA	
25a. BURIAL, CRE	M A- 25b.	PATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	7	<b>1</b> 25/52 <b>'</b>	Hagerman C	emet <b>ery</b>	Hager	nan, Ida	ho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	É	26. FUNERAL DIRECT	TOR ()		DRESS GICENE COMPETED
7.28.52		y comme	<u></u>	1 /les. K//	COUX	GUOU	ING, IDA-C
	V				10		

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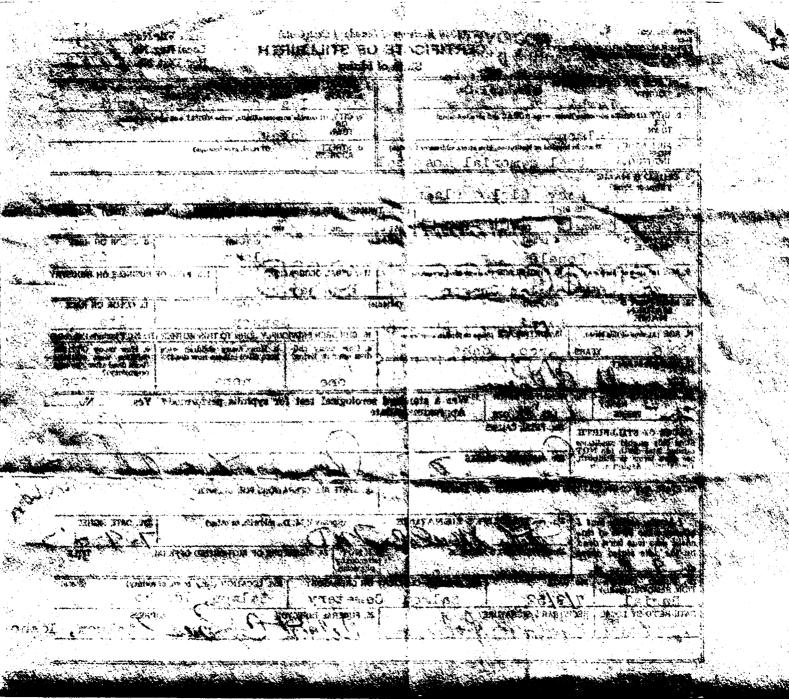
PHS-797(VS) 4-48					•	Standard Cert	•	,		State File		28
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE ALLO								Local Reg. No				
		AUG	11 198	o2 s	tate of	Idaho				Reg. Dist.	No/. 2.	<u> </u>
I. PLACE OF S	TILLBI	RTH				2. USUAL R	ESID	ENCE C	F MC	THER (Wheel	dos mother the	- *\
a. COUNTY	otena					a. STATE	Ida			b. COUNTY		
b. CITY (If outside			ete DIIDAL and	elve township)		o CITY (V					Ko <b>o</b> ten	37
OR	Hr d'			erro sow many,		OR TOWN		ur d'		RURAL and give	township)	
c. FULL NAME O	F (If not in	hospital	or institution, gi	ve street address or l	ocation)	d. STREET	000		i, give lo		·····	<del></del>
HOSPITAL OR INSTITUTION			w Gener		•	ADDRESS	รด					
3. CHILD'S NA		للعلب	<u> verier</u>	al losp.		<u> </u>	20	y uar	gen	Ave.	<del> </del>	
((Type or Print	)	_										
			illy Lyn	n Schoole								
4. SEX	5a. THIS			·	56. IF T	WIN OR TRIPLET	(This c	hild born)	6. DA	TE OF (Mont		(Year)
<u>female</u>	SINGLE	XX	TWIN L.	TRIPLET	1ST L	2ND		3RD	511	7	25	52
7. FATHER'S NAME		a. (	First)		b. (Midd	le)		c. (	Last)		8. COLOR O	RACE
			ard					Sch	cole	er	White	9
9. AGE (At time of the	nie birth)	10. B	IRTHPLACE (St	ate or foreign countr	ry)	11a. USUAL OC	CUPAT	ION		11b. KIND OF	BUSINESS OF	INDUSTRY
40	YEARS		<u> Idaho</u>			Carpen	ter	•		self-c	mplaved	
12. MOTHER'S MAIDEN		8. (	First)		b. (Midd	le)		c. (	Last)		13. COLOR C	R RACE
NAME		. Bea	1				Δ7.	berts	ΔIJ		Whi i	Co
14. AGE (At time of th	is birth)	15. B	IRTHPLACE (8	tate or foreign count	ry)	16. CHILDREN				THIS MOTHER (		
40	YEARS		Canad	a		a. How many dren are now li-	chil-	b. How	many	children were re now dead?	c. How man	v OTHER
17. INFORMANT	T					dien ale now n	ATTIR	DOLIT STA	e put s	Te now dead?	children wer (born dead af	ter 20 weeks
Howard Sc	hoole	r				2			nonc	,	pregnancy)?	
18a. LENGTH OF PR	EG-   18b		T AT BIRTH	19 Was a sta	hrahm	serological t	oct f				Voc Y	No
NAI WEEKS		LBS	ozs.	Approxim	ate da	te 10 -		or sypn	ıms b	eriormed ?		6.0
			FETAL CAUSES		•	10-	21				<del>- y                                   </del>	670
CAUSE OF STILI	nonditions		•	200	shyx	ciation						
causing fetal death use such terms as a Prematurity, Asphys	Stillbirth,	20b.	MATERNAL CA	USES	<del></del>			( . ()				
Prematurity, Asphyr	ria, etc.)			6	nolo	bosed a	سدد	30 M	دمن	cond		
21. STATE ANY COM	PLICATIO	NS OF	PREGNANCY A	ND LABOR		22. STATE ALL	OPER#	ATIONS FO	R DEL	IVERY	<u></u>	
Drolas	weg	سيا	لمفكنده	cond	<u> </u>	hon	inic	MAL	:.06	مد جهار	rictary	
I hereby certif	y that I	23a. /	ATTENDAN		JEE	(Specify	ML	)., <b>mid</b> wife	, or oth	ier)	23b. DATE SI	GNED
attended the birth				( " ~ )	B.	I as $O(1)$	.\	1)			8.4	-5つ
child who was bo on the date state		23c. A	TTENDANT'S	ADDRESS		If NOT   24.5	IGNAT	TURE OF	AUTHO	RIZED OFFICIAL	<u></u>	TITLE
at						attended by physician			.50	01110171	-	
25a. BURIAL, CREM TION, REMOVAL (Spec		DATE	<del></del>	25c. NAME OF C	EMETERY	OR CREMATOR	ΥĪ	25d, LOC	ATION	(City, town, or	county)	(State)
TION, REMOVAL (8por		-26-	.೯೨	Forest				⊿ Coe		Alere.	Tdobo	1
DATE REC'D BY LO			S'S SIGNATURE		u ci. iti i	26. FUNERAL	ECT				DRESS	<del>\ /</del> //
	EG.	170	in or	Brush	,	10/1		CP	X	,( )	TA/	XV.L.
		<del>wo</del>		1 war	·	James	<u> </u>	Ja	<u>~~</u>	July	MAYNO-	
						Gilbert	1a,	zge –	ÜC	eur d'Al	tene, it	tano

PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE			2 1 19 <b>5</b> 2	ERTIFIC		Standard Certificat OF STILLBII Idaho			No. 22 No. 22	
1. PLACE OF S a. COUNTY	TILLBIR Tatah					2. USUAL RESID		b. COUNTY	does mother live?)	
b. CITY (If outsident of the countsident of the cou		mite, write	RURAL and giv	ve township)		c. CITY (If outside o		RURAL and give	township)	
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in )	hospital or i	institution, give		location)	d. STREET ADDRESS 625	(If rural, give lo		· · · · · · · · · · · · · · · · · · ·	
3. CHILD'S NA ((Type or Print	: 1	ark	Allen	Bontr	ager					<del></del>
4. SEX Male	5a. THIS I		TWIN 🗌	TRIPLET	5b. IF T	WIN OR TRIPLET (This	shild born) 6. DA'	LLBIRTH '	(Day) 9, 1952	(Year)
7. FATHER'S NAME		a. (Fir	Lbert	,	b. (Midd	le)	c. (Last) Bontra	cer	8. COLOR OR White	
9. AGE (At time of the 22	his birth) YEARS	1	rhplace (State) Chikan	or foreign coun. Alas.		11a. usual оссира Salesman	TION		BUSINESS OR I	
12. MOTHER'S MAIDEN NAME		a. (Fir.	st) Dis		<sub>ь. (Midd</sub> Jean	Van	Buskir	k	13. COLOR OR White	RACE
14. AGE (At time of the 22 17. INFORMAN"	YEARS		THPLACE (State)	I daho	itry)	a. How many children are now living?	b. How many born alive but a	children were are now dead?	Do NOT include  c. How many children were (born dead after pregnancy)?	OTHER stillborn
	NCY		A 1	19 Was a st		serological test	Non for syphilis		None	No
CAUSE OF STIL. State only morbid causing fetal death use such terms as Prematurity, Asphy	LBIRTH conditions (do NOT Stillbirth,	10	OZS.   TAL CAUSES HOLOM TERNAL CAU	a li	lven	. sije b	baley	and 1	helvis	<i>b</i>
21. STATE ANY COL	MPLICATION	NS OF PR	EGNANCY AN	D LABOR		Horceps	ations for del	ery - m	unity	stead alon
I hereby certifattended the birt child who was b	h of this	23a. A1	Sw.	CULL	rure e (	m 10.	D., midwife, or ot		23b. DITE SIGN	NED TITLE
on the date state at 9:35 A	m.		Valor	DDRESS W	ash.	attended by physician	ATURE OF AUTHO		·	
25a. BURIAL, CRE TION, REMOVAL (8) Burial	7-	DATE - 15- 5	52	25c. name of Moscow		7 — X/	Moscow		)	(State)
DATE REC'D BY LO	CAL REG	aistrar's	SIGNATURE	Enge	el .	26. FUNERAL DIREC	ror	/ /al	DRESS Cul	Hash.
						2	0 7	•		



HS-797(VS) -48 EDERAL SECUR UBLIC HEALTH SE		NCY RE	<b>CERT</b> FIC. 3 0 1952 S	sion of a	Standard Certificate OF STILLBIR Idaho	e) RTH	State File Local Reg. Reg. Dist.	. No	30
a. COUNTY	rillbir Lat:	PIVIS	O14 01		2. USUAL RESID	ENCE OF MO	b. COUNTY	does mother live?)	<del></del>
_OR	corporate l	imite, write RURAL and			C. CITY (If outside co	rporate limits, write	RURAL and give	township)	
	osco F (If not in Griti	hospital or institution,	rive street address or lo		d. STREET	Palouse (If rural, give to ullman			
. CHILD'S NA	ME	* v .			·				
[(Type or Print	ىل		Ulrich						
emale	5a. THIS			5b. IF T	WIN OR TRIPLET (This el	hild born) 6. DAT	LLBIRTH	, , ,,	(Year)
	SINGLE		TRIPLET	1ST L			11 <b>y</b> 18		
7. FATHER'S NAME		a. (First) Frankli		b. (Midd enry	ie)	c. (Last) Ulrich		8. COLOR OR White	RACE
9. AGE (At time of the	is birth)	10. BIRTHPLACE	State or foreign country		11a, USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR I	NDUSTRY
30	YEARS	Rosalia			Laborer		Farmi		
2. MOTHER'S MAIDEN NAME		a. (First) Betty	_	<sub>b. (Midd</sub> Tune	le)	c. (Last) <b>Kern</b>		13. COLOR OR Whit	
4. AGE (At time of the	is birth)	15. BIRTHPLACE	State or foreign countr	у)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT include	this child)
24	YEARS	Colfax,	Wash.		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	stillborn
Linformant Liant	lin	Henry V	Urich,		1	0		(born dead after pregnancy)	20 weeks
Ba. LENGTH OF PE NA WEEKS	NCY	LBS. 12/4 OZS	A	ndard ate da	serological test f	or syphilis p	erformed?	Yes L 1	36.6
CAUSE OF STILL tate only morbid ausing fetal death se such terms as rematurity, Asphy.	conditions (do NOT Stillbirth,	20a. FETAL CAUSI	Prolap	se	f umb	ilica	l co	rd '	
1. STATE ANY COM	. 1 4	ns of pregnancy		D	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certif ittended the birt hild who was bo	n of this orn dead	Sw.	NT'S SIGNATU Decree	M.	0	)., midwife, or oth		23b. DATE SIG	NED 5 ン
n the date state t 1140 f	d above m.	Palouse	Wash.		attended by physician	TURE OF AUTHO	RIZED OFFICIA	L ' '	TITLE
Sa. BURIAL, CRE		. date 20 <b>-</b> 52			Cemetery	25d. LOCATION Palous	(City, town, or e, Was]	county) nington	(State)
ATE DECID BY LO	CAL DEC	NOTE A DIC CLONATU	ne 🥠		20 FUNDAL PLOTOR	60 /	AD	DDECC	

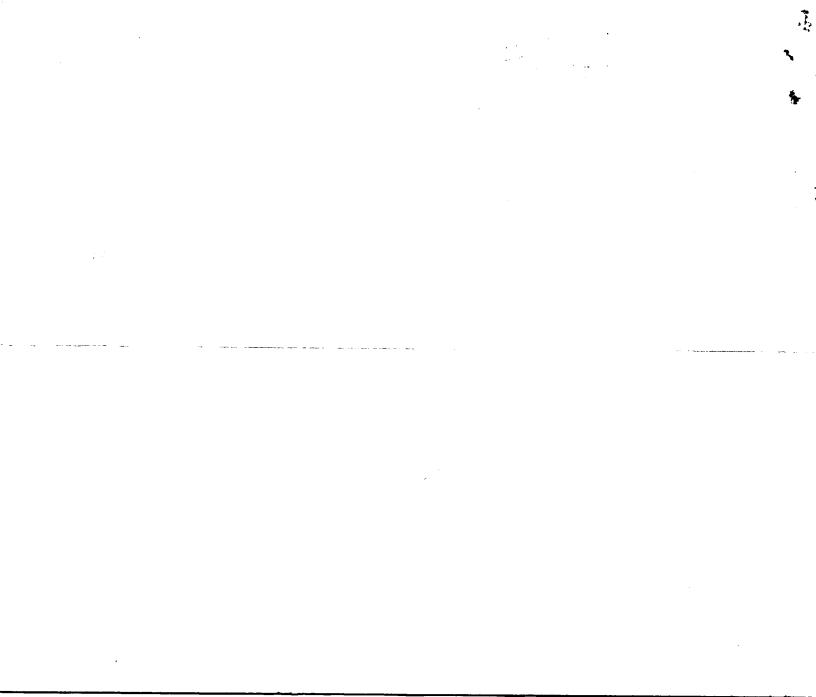
PHS-797(VS) 4-48		1	RECEI	VE1949 R						State File		31
									Local Reg Reg. Dist.		62	
			ISION .	F VITA.	State of							K
1. PLACE OF S a. COUNTY	TILL	BIRTH	STATE	TICS		2. USUAL F	RESID	ENCE (	OF MC	THER (When	does mother li	ive?)
	Lem	hi				a. STATE	Ida	a ho		b. COUNTY	Lemhi	Ĺ
b. CITY (II outside OR TOWN	e corpor	ate limite,	write RURAL a	ad give township)		II OK	utside e	orporate lim	its, write	RURAL and give	township)	
ll	gal	mon		······		TOWN	Bal	cer•				
c. FULL NAME O HOSPITAL OR INSTITUTION				ial Hos		d. STREET ADDRESS		(If run	al, give lo	cation)		
3. CHILD'S NA ((Type or Print	t)	Baby	Gir <b>l</b>	. Clse	n							
4. SEX		HIS BIRT	н		,5b. 1F T	WIN OR TRIPLE	T (This e	hild born)	6. DA7	E OF (Mon	th) (Day)	
Female	SING	LE X	TWIN 🗌	TRIPLET	] <sub>1ST</sub> [	2ND	]	SRD 🗌	5111	LLBIRTH 7	6	52
7. FATHER'S NAME		8.	(First)		b. (Midd	lle)		c. (	(Last)		8. COLOR C	R RACE
		Dona	ld					0 <b>1</b> s	e n		Whi	Lte
9. AGE (At time of the	hie birth	10.	BIRTHPLACE	(State or foreign con	intry)	11a. USUAL O	CCUPAT	TION		11b. KIND OF	BUSINESS O	R INDUSTRY
30	YEA	RS S	alen (	recon_		Ranch	ie r					
12. MOTHER'S MAIDEN		8.	(First)		b. (Midd	lle)		c. (	Last)		13. COLOR	OR RACE
NAME			omi					<u>Tèns (</u>	on		hite	<del>)</del>
14. AGE (At time of th	sie birth)	15.	BIRTHPLACE	(State or foreign co	untry)	16. CHILDREN	PREVIO	OUSLY BO	RN TO	THIS MOTHER (	Do NOT inch	ade this ohild)
2 6 17. INFORMANT	YEA	RS A	rco. I	daho		a. How many dren are now l	chil- iving?	b. How born ali	many ve but a	children were re now dead?	children we	ny OTHER are stillborn after 2º weeks
Dona		Q	lou	<u> </u>		one		r	ione		pregnancy)?	Pono
	NCY		SHT AT BIRTH	was a	standard imate da	serological	test f	or sypt	ilis p	erformed?	Yes	. No
WEEKS	·	200	SS. 'DOZS	<del>-  </del>	mate da	te.					<u> </u>	36,2
CAUSE OF STILI		#	\	₩							/	
causing fetal death	(do NO	20b	MATERNAL	CAUSES -		- <del>                                    </del>					_	
Prematurity, Asphyr	ris, etc.	<b>バア</b>	<b>X</b>		<b>.</b> .	- K	<i>,</i>	_	/	.06	/	_ >
21. STATE ANY COM	IPLICA	TIONS OF	PREGNANCY	AND LABOR		2. STATE ALL	OPER	TIONS F	SR DEL		LAGO	val)
						· · · · · · · · · · · · · · · · ·	J					-4
I hereby certify	u that	I   23a.	ATTENDA	N's SIGNA	TURE	(Specify	if M. T	)., midwii	a or oth	er)	3b. DATE S	IGNED
attended the birth	of th	1is   🤇	AX	Mesol	20.	フバナ	<u> </u>	-,	-, 044	-,	7.4	
child who was bo on the date state			ATTENDANT	ADDRESS		attended by	SIGNAT	TURE OF	AUTHOR	RIZED OFFICIAL	<u>/                                    </u>	TITLE
25a BURIAL CREA	<i>TR</i> .	ZSb. DATI	- on	250 NAME OF	CEMETER	physician OR CREMATOR		<b>M</b> E 1 10-	ATION	(SIL )		
25a. BURIAL, CREM TION, REMOVAL (8pox Burial	cdfy)		'52	Sal	_	or cremator	. 1			(City, town, or	• -	(State)
DATE REC'D BY LO	CAL		IR'S SIGNATU			26. FUNERAL D	<u> </u>				DRESS	<del></del>
7-14-5	2	Vio	rla C	John	evn	Well	wil			ones	/Salr	non, Idah
				(/		<del></del>	-	- 1			1	·- <del></del>



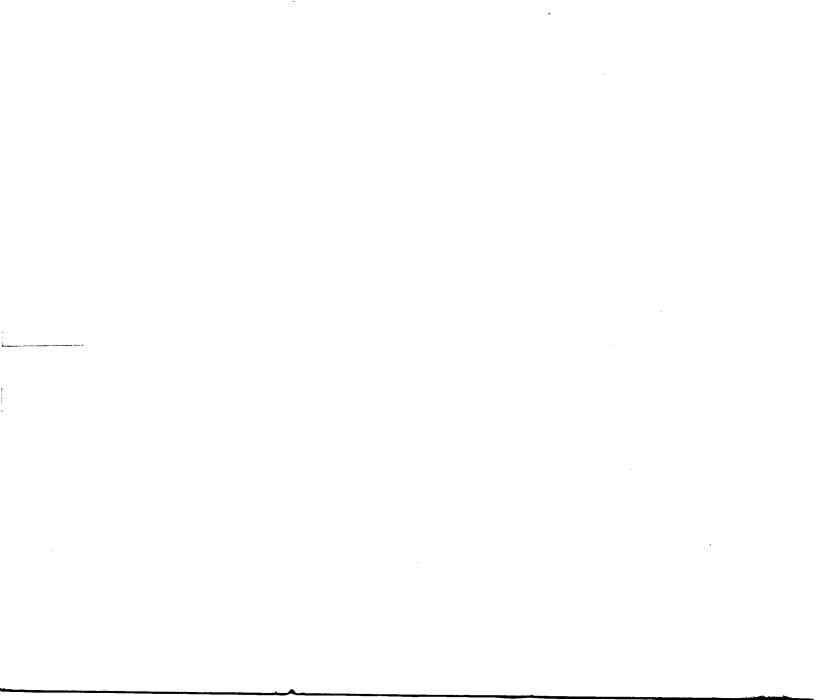
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PHS-797(VS) 4-48 FEDERAL SECUF PUBLIC HEALTH SE	RITY AGE	RECEIVE NCHUL 1 6 195 IVISION OF	CERTIFICAT	n of Standar E OF S e of Idaho	rd Certifical TILLBII	te) RTH	I		No	
1. PLACE OF S a. COUNTY	TILLBII NezPe	TCE		2. <b>USI</b> a. ST	· A 'T' '	DENCE (		HER (When	re does mother liv	zPerce
TOWN	Lewis			то	FY (If outside o R WN L∈	ewisto		RAL and giv	e township)	·
c. FULL NAME C HOSPITAL OR INSTITUTION	St Jo	hospital or institution, graph Hosp.	ve street address or location	d. ST	DRESS		9th A			
3. CHILD'S NA (Type or Print		Fredrick #	llen Moan							
4. sex Male	5a. THIS	BIRTH TWIN		IF TWIN OR 1	PND TRIPLET (This	ehild born)	6. DATE (	OF (Mon IRTH Jul		(Year) 1952
7. FATHER'S NAME		a. (First) Alvin	ь. (1 С	Middle)			(Last) Joan		8. COLOR O	R RACE
9. AGE (At time of the	his birth) YEARS	10. BIRTHPLACE (8	tate or foreign country)	_	ual occupa anitor	TION	11		BUSINESS OF	
2. MOTHER'S MAIDEN NAME		a. (First) Gladys	b. (1	Middle)			(Last) eman		13. COLOR C	
4. AGE (At time of the	vears	15. BIRTHPLACE (8	tate or foreign country)	a. How	LDREN PREVI	b. How	RN TO THE many chil ve but are n	dren were	(Do NOT inclu	v OTHER
7. INFORMANT	er.	c m	oan.		2	00.2.2.	0	ow done.	(born dead at pregnancy)?	ter 2º weeks
18a. LENGTH OF PR	NCY _	WEIGHT AT BIRTH  LBS. ) OZS.	<sup>19</sup> Was a standa Approximate	ard serolog	cical test	for sypi	nilis peri	ormed?	Yes. K.	No
CAUSE OF STILI	conditions	20a. FETAL CAUSES	•						<del></del>	010
ausing fetal death use such terms as Prematurity, Asphy:	Stillbirth,	20b. MATERNAL CA	NUSES Plan	centa	l in	Jare	tim	,		
<i>(</i> ) <i>(</i>	APLICATION ON	NS OF PREGNANCY A			TE ALL OPER			RY		
I hereby certifutiended the birth	of this	23a. ATTENDAN	T'S SIGNATURE	620	Specify if M. 1	D., midwif M.D.	e, or other)		23b. DATE SI	
n the date state u3:33 a.m.	d above m.	23c. ATTENDANT'S	n Idahi		D.A.	TURE OF	AUTHORIZI	ED OFFICIA	L	TITLE
5a. BURIAL, CREI ION, REMOVAL (8po Burial	cify)	<b>DATE</b> y 8, 1952	25c. NAME OF CEME Normal H	tery <b>or</b> nort !i]	MANUSURY (1)			t <b>y, town, or</b> on, Id		(State)
THE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	elius	26. FUN	ERAL DIRECT	ORBro.	ver-Wa	nn CoAP	DORESS L	ewistor Idaho
				11/	1					



PHS-797(VS) (1949 Revision 4-48	of Standard Certificate)	State File No.
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  ALL  CERTIFICATE  OF THE PROPERTY OF THE PROPER	OF STILLBIRTH	Local Reg. No. 255
AUG 1 1950 State	of Idaho	Reg. Dist. No
I. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF	MOTHER
a. COUNTY Henderce	a. STATE Idaho	b. COUNTY Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lendston	c. CITY (If outside corporate limits, work or TOWN Levistell	rite RURAL and give township)
O FILLI NAME OF OF		11,
HOSPITALOR CELOCOCIO NOC ETEL	ADDRESS D. 2 - DO	re location) 5
3. CHILD'S NAME ((Type or Print) Dely Boy Soltin		
1 35 %	TWIN OR TRIPLET (This child born) 6.	DATE OF (Month) (Day) (Year)
Male single X twin triplet 157	2ND 3RD	stillibility 14, 1952
7. FATHER'S a. (First) b. (M NAME	iddle) c. (Lasi	) 8. COLOR OR RACE
<u>Cl</u> yrde	Selt	on Thibe
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
45 YEARS Tisconsin	US.F. Special Frent	U.S.Government
12. MOTHER'S a. (First) b. (M MAIDEN NAME in 1116		,
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	<del></del>	TO THIS MOTHER (Do NOT include this child)
32 years Collorado	a. How many chil- b. How many	
17. INFORMAND 0	dren are now living?   born alive bu	or children were children were stillborn (born dead after 20 weeks
Clyd B. Valts	1 0	pregnancy)?
18a. LENGTH OF REG- NANCY 18b. WEIGHT AT BIRTH 19 Was a standar	d serological test for syphilis	performed? Yes No
WEEKS LBS. OZS. Approximate	late	V36,2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	Mystrin (	Intracticis)
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	to Placente	·
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR I	ELIVER
I hereby certify that I   23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwift or	AND DATE SIGNED
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead	(specity if M. D., midwig, or	other) 23b. DATE SIGNED
on the date stated above at 1:04 p.M. m.	If NOT attended by physician 24. SIGNATURE OF AUT	HORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) SUPLOL JULY 16, 1954 LOT 01 12		ON (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR BYCHOL	r-Wann Caporess Lewiston, Idako



PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERV	RECEIVE GERTIF	Revision of S	Standard Certificate	e)	State File	No. 1	35
FEDERAL SECURITY AGE	HEN 1 0 10 BERTIF	FICATE (	OF STILLBIF	RTH	Local Reg		)*******
-141	SION 0 1952	State of	Idaho		Reg. Dist.	No	<u>a</u>
### 1. PLACE OF STILLBIF  a. COUNTY	WINDTICS WITH		2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live!)	
a. COUNTY Po-	wir		a. STATE	loho.	b. COUNTY	Bengli	am
b. CITY (If outside corporate I: OR TOWN America	imits, write RURAL and give township)		c. CITY (If outside co OR TOWN	orporate limits, write	RURAL and give	township)	<u></u> الم
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	hospital or institution, give street address	or location)	d. STREET ADDRESS	(If rural, give lo	ocation)	9777	
3. CHILD'S NAME	<del></del>	- Jane	<u> </u>		<del></del>		
((Type or Print)	Martin	Da	le Fo	= 1d			
4. SEX 5a. THIS SINGLE		5b. IF TV	VIN OR TRIPLET (This c	hild born) 6. DA'	TE OF (Mont	•	(Year) / 95-2
7. FATHER'S NAME	a. (First)	b. (Middle	•	c. (Last)		8. COLOR OR R	ACE
0 ACE 41	Usa Distributor	Elm	<u>n</u>	teld		wh	ite
9. AGE (At time of this birth)  3 3 YEARS	10. BIRTHPLACE (State or foreign of	sountry)	11a. USUAL OCCUPAT	,	11b. KIND OF	BUSINESS OR IN	IDUSTRY
12. MOTHER'S MAIDEN NAME	8. (First) Berneta	b. Widdle	e)	g (Last)		13. COLOR OR I	RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign of	country)	16. CHILDREN PREVIO	DUSLY BORN TO	HIS MOTHER (	Do NOT include t	his child)
38 YEARS	I Decle, I	delis.	a. How many children are now living?	b. How many born alive but a	children were	c. How many C	OTHER
17. INFORMANT	. 0	,		DOIN MIVE DUC'S	TO TIOM CREAT!	(born dead after 2 pregnancy)?	20 weeks
yacquelin	e Brawn		ی	$\boldsymbol{\nu}$		O	
V NANCY		standard s	serological test f	or syphilis p	erformed?	Yes N	O
WEEKS	LBS. OZS. APPTO	Amate dati	E		<del></del>	y 36	, 2
CAUSE OF STILLBIRTH State only morbid conditions		10ne			_	,	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	27			1		
	Un	upen	1 Jula	cent	a		
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY	11/	
I hereby certify that V	pracina	, 4	Agrocia	uo vay	ym a	many	- cur
attended the birth of this	23a. ATTENDANT SION	A S A	(Specify if M. D	o., midwife, or oth	<b>est</b> )	23b. DATE SIĞNE	15-2
child who was born dead on the date stated above	23c. ATTENDANT'S ADDRESS	- <del> </del>		URE OF AUTHOR	PIZED OFFICIAL	7-10	ITLE
at m.	aberdun Id	a	ttended by physician	ONE OF AUTHOR	WILLD OF TOTAL		IILE
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE 28. NAME ( - 18-1952 A	OF CEMETERY herde	OR CREMATORY	25d. LOCATION	(City, town, or c	county)	(State)
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE		26. FUNERAL DIRECTO	OR	ADI	ORESS	
prhy18-1952 V	rene Salina		1/2	Danie	a	m. Fu	He Ilahu.
<i>'</i>	· 4			<del>-</del> -			· · · - · <del>/ ·</del>
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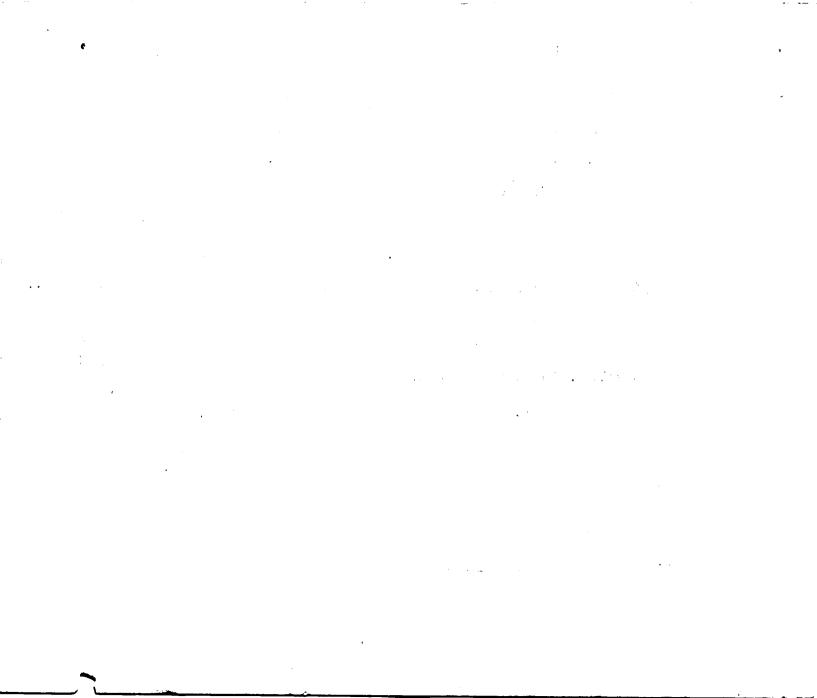
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PHS-797(VS) 4-48			MEC	~1 (1949'R	evision of	Standard Certific	eate)	State File	-	A
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE		AUG (	CBE44FI	CAIL	OF STILLB	IRTH	Local Reg		<u></u>
	.,,,,,	DI		OF VITA	State of	Idaho		Reg. Dist.	No3	2
1. PLACE OF S	TILLBIR	≀TH	SIA	HOLICA		2. USUAL RES	IDENCE OF	MOTHER (Where	does mother liv	re?)
a. COUNTY	Wash	inot	on			a STATE	gon	b. COUNTY	Malhet	
b. CITY (If outside				give township)		c. CITY (If outsid		write RURAL and give		=
OR TOWN	Weds	O31				7000	ral			
c. FULL NAME O HOSPITAL OR	F (If not in	hospital o	or institution, gi	ve street address	or location)	d. STREET		ive location)	<del></del>	
				Hospita		ADDRESS R	. #1 -	- Payette.	Idal	ho
3. CHILD'S NA	ME					<u> </u>		<del></del>		
(Type or Print	:)		Baby	Ke	r					
4. SEX	5a. THIS	BIRTH				WIN OR TRIPLET (TI	is child born) 6.	DATE OF (Mon	th) (Day)	(Year)
female	SINGLE	<b>•</b>	TWIN	TRIPLET	]   1ST [	ZND	3RD □	STILLBIRTH TOTAL		1052
7. FATHER'S NAME		a. (F	irst)		b. (Midd		c. (Las		8. COLOR O	R RACE
NAME		1	avne				Kei	<b>n</b>	whi	to.
9. AGE (At time of the	is birth)	10. BI	RTHPLACE (8	tate or foreign cou	intry)	11a. USUAL OCCUI		11b. KIND OF		
18	YEARS	Ida	aho Fal	ls. Idal	ho-	Farmer		Fara	ning	
12. MOTHER'S MAIDEN		a. (F			b. (Midd		c. (Las	st)	13. COLOR C	R RACE
NAME		J	oan.				Owe	en.	whi.	te
14. AGE (At time of the	is birth)	15. BII	RTHPLACE (8	tate or foreign cou	intry)	16. CHILDREN PRE		TO THIS MOTHER (	Do NOT inclu	de this child)
18	YEARS	Riv	erdale,	Nebras	KB.	a. How many chi dren are now living	b. How me	any children were out are now dead?	c. How man	y OTHER
17. INFORMANT	٢				<del></del>		.   5512 42.701	out all how dead.	(born dead at pregnancy)?	
						none	none	₿	none	
18a. LENGTH OF PR	NCY 18b.	WEIGH	T AT BIRTH	19 Was a s	standard	serological test	for syphili	s performed?	YesX	No
5 WEEKS		LBS.	OZS.	Approx	imate da	te. h	arch :	3, 1952		36.6
CAUSE OF STILL	-	20a. F	ETAL CAUSES	* x O A	10 4	10.	+0			
State only morbid causing fetal death use such terms as	conditions (do NOT		ionzen	ment de	yeu	pare				
use such terms as Prematurity, Asphyr	Stillbirth, ] ria, etc.)	20b. M	IATERIAL S	NSES	•	V				
				- C						
21. STATE ANY COM	IPLICATION	NS OF P	REGNANCY	IND LABOR	elus,	22. STATE ALL OP	ERATIONS FOR	DELIVERY	affin	etian
more from		LOY	I few	his left	u lely	egisia	2-5	of return	glice	into
I hereby certify attended the birth		23a. A	TTENDAN	T'A SIGNA	TURE	Specify if M	i. D., Inidwife, 8	(ther)	23b. DATE SI	GNED
child who was bo	rn dead			wy	_A.	rocae	n.	<i>D</i> .	July 2	<u>3, 195</u> 2
on the date state	d above	23c. A	ITENDANT'S			attended by	NATURE OF AU	THORIZED OFFICIAL	L	TITLE
25a. BURIAL. CREM	m.		ette.	daho		physician				
TION, REMOVAL (8pe	offy)	DATE				OR CREMATORY	l –	ION (City, town, or	_	(State)
burial	Tul	_	, 1952		ale Me	m. Park			aho	
	EG. REG	ISI RAR'	Š SIGNATURI	L. At	(,,,)	26. EUNERAL DIRE	CTOR STATE	$\alpha \alpha$	DRESS	
7-29-62	100	a	ice p	micrie	-w	Jefford 1	T. ofthe	FRUT PAY	ette,	<u>Idaho</u>
					4					
Form DPH-48020	1 00	20 0	shorts	arlo	<u>. 1 - </u>	<del>," - ,,</del>	<del></del>	<del></del>	<del></del>	
1 01 III DPN=48020		- 7	74		-/					

Fetus know to be dead for his life delir. - or fital bent tome beal and at good and fetal beath, for motal confirmal by X-ray often belier, third stage complications Bandlo contraction ming relieved Retaried placenty manually extented with difficulty — steady facility — that facility and by fital affection and some glasor . . ĸ

PHS-797(VS) 4-48	ŧ	ECFIV!	(1949 Revision of	Standard Certificat	e)	State File	No	.37
FEDERAL SECUR PUBLIC HEALTH SE	BVICE	<b>upg</b> 1 3 1952 (	CERTIFICATE	OF STILLBIR	RTH		No. 23,7	*********
	DIVI	SION OF VIT	State of	Idaho		Reg. Dist.	No5//	*********
1. PLACE OF S	TILLBIE	₹ <b>%</b> + <b>&amp;</b>		2. USUAL RESID	ENCE OF MC	THER (Where	e does mother live?)	
a. COUNTY Ba	nnoc	k		a. STATE Ida		b. COUNTY	Power	
b. CITY (II outside OR	corporate l	limits, write RURAL and	give township)	c. CITY (If outside or		RURAL and give	township)	
TOWN PO	cate			II TOWN	rican W			
MUSPITAL UK			ve street address or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
INSTITUTION 3. CHILD'S NAI		ock Memor	<u>ial Hospital</u>	L 376	Rooseve	elt	•	
(Type or Print		Linda K	ae Wetzel					
4. SEX	5a. THIS			WIN OR TRIPLET (This	hild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	7 (7	3RD STIL	LBIRTH	rust 2.	1952
7. FATHER'S NAME		a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR F	RACE
		<u> Pernell</u>	Edw:	in	Wetze	el	White	)
9. AGE (At time of th	is birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR II	····
19	YEARS	<u> Tuttle</u>	N.D.	Shop Lea	rner	Naval (	Ordnance	Plant
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	
NAME	. <u> </u>	Ramona	Jea	an .	Perm	ann	Whit	Se_
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8t		16. CHILDREN PREVIO				<del></del>
17	YEARS	American	<u> Falls, Įda</u>	a. How many children are now living?	b. How many born alive but ar	children were e now dead?	c. How many children were	still born
17. INFORMANT		127					(born dead after pregnancy)?	20 weeks
	amone		····	None	None		None	
18a. LENGTH OF PRINAN	1CY	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis p	erformed?	YesXN	lo
)   O WEEKS	<del></del> -	6 LBS. OZS.   20a. FETAL CAUSES	Approximate dat	<u>Λ.Λ.</u>	A .		$-\Delta \cap X$	36.0
CAUSE OF STILL	onditions	208. FEIAL CAUSES	prolapse of	Mulilie	l cord.	with fo	etalore	bupia.
causing fetal death ( use such terms as a Prematurity, Asphyx	Stillbirth,	20b. MATERNAL CA	USES WOUL				·	<del></del>
21. STATE ANY COM	DI ICATIO	! MS OF PREGNANCY A					<del></del>	
brolone of	lhu	hilieal Ca		22. STATE ALL OPER	touch			
I hereby certify		23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	midwife or oth		23b. DATE SIGN	ED
ittended the birth child who was bo	of this		41.6.1	Elsen,	HW, H	,	Nug. 45.	1952
on the date state		230 ATTENDANT'S	ADDRESS .	If NOT 24. SIGNATE physician	TURE OF AUTHOR	RIZED OFFICIAL	<u> </u>	TITLE
5a. BURIAL, CREM	dfy)	DATE	25c. NAME OF CEMETERY		25d. LOCATION		•	(State)
im - 9 Bund	<u> </u>	8-3-27	Fallsvier	ا ا	am. 7			aulio
DATE REC'D BY LOC UG <b>1</b> 2 1952		istrar's signature	Vallin	26. FUNERAL CAREC	E-4/	المين کا	DRESS	Vala
				1.10. AM		-4-1	<del>LUO 0</del>	Water-

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PHS-797(VS)	RECEIVED	(1949 Revision of	Standard Certificat	s) State F	lle No
PUBLIC HEALTH SERVICE	AGENEYIG 2 6 1956E	RTIFICATE		RTH Local R	leg. No. 255 st. No. 5//
	DIVISION OF VIT	State of		_	
a. COUNTY Bann	BIRTHS A LISTIC		2. USUAL RESID	ENCE OF MOTHER (W BhO b. COUNTY	here dose mother live?)  Bannock
OR _	rate limits, write RURAL and give ,tello	township)	c. CITY (If outside of TOWN Tyh	orporate limits, write RURAL and	give township)
c. FULL NAME OF (IF I HOSPITAL OR INSTITUTION St.	ant in hospital or institution, give at Anthony Mercy	rest address or location)	d. STREET ADDRESS Rt	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Merlin Lee Pab	awe <b>na</b>			
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This o	bild born) 6. DATE OF (M STILLBIRTH A	(onth) (Day) (Year) (Ug • 12 1952
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
IAVIAE	Ben	В.		Pabawena	Indian
9. AGE (At time of this birth	h) 10. BIRTHPLACE (State of	or foreign country)	11a. USUAL OCCUPAT	1	OF BUSINESS OR INDUSTRY
26 YE	ARS Washakie,	Utah	Farmer	Soil C	Conservation Serv.
12. MOTHER'S MAIDEN NAME	a. (First)  Jessie	b. (Midd	le)	c. (Last) Pocatello	13. COLOR OR RACE Indian
14. AGE (At time of this birth		r foreign country)	16. CHILDREN PREVIO	· · · · · · · · · · · · · · · · · · ·	R (Do NOT include this child)
24 YE	ARS Wendover,	utan —————	a. How many children are now living?	b. How many children we born alive but are now dead?	re   c. How many OTHER
Jessie	P. Pabawena	Mother	1	1.	pregnancy)?
18a. LENGTH OF PREG- NANCY WEEKS	3 LBS. 12 OZS.	Was a standard Approximate dat	serological test fi te /2 Cuc	or syphilis performed	? Yes Y No
CAUSE OF STILLBIR State only morbid condit causing fetal death (do N use such terms as Stillbi	ions OT rtb. 20b. MATERNAL CAUSE	nou	app	arent.	,
Prematurity, Asphyxia, et	c.) _	tibrox	is d/	Kaceul	Žį.
21. STATE ANY COMPLICA	ATIONS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	0
7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A V I ON ATTENDANCE	SIGNATURE	-	7200	
I hereby certify tha attended the birth of t	his	SIGNATURE	(Specify If M. 1	)., midwife, or other)	23b. DATE SIGNED
child who was born do on the date stated ab		RESS	If NOT   24. SIGNAT	TURE OF AUTHORIZED OFFIC	CIAL TITLE
at 2:45 m	Pocatello		attended by physician	ONE OF AUTHORIZED OFFIC	NAT III.
25a. BURIAL, CREMA- TION_REMOVAL (Specify)		NAME OF CEMETERY		25d. LOCATION (City, town,	or county) (State)
BULIAL.	Aug 17 1952 /	BANNOCK	CREEK	BENNOWA	REEK TORHO
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	SR .	ADORESS
AUG 22 1952	Eva m. Wa	llin	allew 6.	Hanney 1	Coutelle Odak
×				Y	



PHS-797(VS) 4-48 FEDERAL SECURITY AGI PUBLIC HEALTH SERVICE		ERTIFICATE		RTH	Local Reg Reg. Dist.	No. 374 No. 310	9
1. PLACE OF STILLBI			2. USUAL RESID		DTHER (Where	does mother live?)	
Daimie			10	aho		Bannock	
b. CITY (If outside corporate OR TOWN POCA:	tello, Idaho	ve township)	c. CITY (If outside of OR TOWN Do			township)	
c. FULL NAME OF (If not in	n hospital or institution, give	street address or location)	d STREET	Catello,			
HUZBITAT UB	Anthony Merc		ADDRESS	130 Oakwo			
3. CHILD'S NAME ((Type or Print)		Girl Hurley					
4. SEX 5a. THIS			TWIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female single		TRIPLET 1ST	2ND	3RD   311	A1	ugust 23	1952
7. FATHER'S NAME	a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR RA	ICE
	Daniel	Charl		Hurley		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat		11a. USUAL OCCUPAT	TION		BUSINESS OR IN	
20 YEARS 12. MOTHER'S	a. (First)	Washington b. (Mid	Laborer		Kraft		
MAIDEN NAME	Ruth	Lore	/	c. (Last) Strat	tten	13. COLOR OR R	ACE
14. AGE (At time of this birth)	15. BIRTHPLACE (Star		16. CHILDREN PREVI				is child)
29 YEARS	Pocatell	.o. Idaho	a. How many chil- dren are now living?	b. How many born alive but a		c. How many O children were s	THER
17. INFORMANT			area are now niving.	DOIN MITTE DUC M	16 HOW (IGAG)	(born dead after 2)	weeks
Ruth Loretta		ley mother	3	0		i,	
18a. LENGTH OF PREGNANCY 28 WEEKS	2 LBS. 6 OZS.	<sup>19</sup> Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes. No	36.
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	20a. FETAL CAUSES		aut.	Albu	s su	ocerat	el.
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Vice	ental 1	reparah	<u>ئ</u> ۔	·		
21. STATE ANY COMPLICATION		D LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this	23a. ATTENDAN	's SIGNATURE	(Specify if M. )	o., midwife, or oth	uer)	23b. DATE SIGNE 8-25-5	_
child who was born dead on the date stated above at 3:05 Am.		DDRES	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIAL		TLE
TION DEMONAL A	. DATE -23-52	25c. MAME OF CEMETER		25d. LOCATION	(City, town, or	county) (1	State)
SEP 9 1952 wa	GISTRAR'S SIGNATURE M. Wallin per	Darber archite	26 FUNERAL DIRECT	Tuner	I Han	DRESS L Polale	the A
			John 1	: Sa	man		

and the second s

PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SEI	ITY AGEN	AŬG 1 1 195	(1949 Revision of CERTIFICATE  State of	Standard Certificate OF STILLBIF			No. / 3 No. 6 0	2
1. PLACE OF S a. COUNTY b. CITY (If outside	FILLBIR Bingh	TH		2. USUAL RESID a. STATE d. C. CITY (If outside or OR	ence of Mo	b. COUNTY	Bingha	
	Bingh	···········	street address or location)  L Hospital	d. STREET ADDRESS	ackfoot, (If rural, give log)  9 West So		reet	
4. SEX Female		_	KAY HAMMON	WIN OR TRIPLET (This c	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year) 1952
7. FATHER'S NAME	JINGLE L	a. (First)  Clyde	b. (Midd <b>Ellid</b>	lle)	c. (Last)		8. COLOR OR White	RACE
9. AGE (At time of th	ia birth) YEARS	10. BIRTHPLACE (St.	Idaho.	labor Form			BUSINESS OR	INDUSTRY A.E.C.
12. MOTHER'S MAIDEN NAME	G	a. (First)	b. (Midd	•	c. (Last) heeler		13. COLOR OF White	
14. AGE (At time of the 20 17. INFORMANT	YEARS	15. BIRTHPLACE (Sta	ate or foreign country) Idaho.	a. How many children are now living?	<del> </del>	THIS MOTHER ( children were are now dead?	c. How many children were (born dead after pregnancy)?	OTHER
18a, LENGTH OF PR NAI WEEKS		WEIGHT AT BIRTH  stimated  LBS. OZS.	<sup>19</sup> Was a standard Approximate da		None for syphilis 1	performed?	Yes	No
CAUSE OF STILI State only morbid causing fetal death use such terms as Prematurity, Asphyr	LBIRTH conditions (do NOT Stillbirth,	20a. FETAL CAUSES  Und 20b. MATERNAL CAU	leternine Leternin	el el	732		<del>- y - '</del>	
21. STATE ANY COM	IPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
I hereby certif attended the birth child who was be on the date state at /: 20	h of this In dead	23a. ATTENDANI'S	//	Quate.	D., midwife, or of 2 M.D.  TURE OF AUTHO		Aug. 4.	195 <b>8</b> TITLE
25a. BURIAL, CREI TION, REMOVAL (8po Burial DATE REC'D BY LO	A1	DATE  DATE	25c. NAME OF CEMETER  Moreland C	Y OR CREMATORY	Morel			(State)
F	12 M	m Waleir	E. Caterie	Jahn (	Sand	Hug. B	lackfoot	, <b>E</b> daho

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PHS-797(VS) 4-48		•	(1949 Rev	ision of	Standard Certificate	e)	State File	No3	4
FEDERAL SECUR			CERTIFIC	ATE	OF STILLBIF	RTH	Local Reg	. No3	6
PUBLIC HEALTH SE	.RVICE	SEP 11 1	Uh-7	tate of			Reg. Dist.	No4	<u> 10</u>
I. PLACE OF S	TILLBIR	TH			2. USUAL RESID	ENCE OF MO	TUED	<del></del>	
	Blain					Idaho	b. COUNTY	Blain	
OR .		mite, write RURAL an	d give township)		c. CITY (If outside of	orporate limits, write	RURAL and give	township)	
TOWN }	laile;	<u> </u>			TOWN	Hailey			
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in t	ey Clinic	cal Hosp	ital	d. STREET ADDRESS	(If rural, give loc	eation)		
3. CHILD'S NA			· · · · · · · · · · · · · · · · · · ·						
(Type or Print	)	•		`,		Prestri	doe		
4. SEX	5a. THIS I	BIRTH		5b. IF T	WIN OR TRIPLET (This o	hildham)   6 DAT	FOF (Mont	h) (Day)	(Year)
male	SINGLE	C TWIN	TRIPLET	1ST _	2ND	3RD   SIR	LBIRTH (MOII) Augu	st 15.	1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		Willi			ffton	Prestr	ridge	Whit	ė
9. AGE (At time of the	is birth)	10. BIRTHPLACE	(State or foreign count	ry)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
21	YEARS		North Da	akota		rer			
12. MOTHER'S MAIDEN		a. (First)		b. (Midd		c. (Last)		13. COLOR O	RACE
NAME		<u>Thelma</u>		<u>uline</u>		Colon		White	
14. AGE (At time of the	is birth)	l	(State or foreign count		16. CHILDREN PREVIO				
. 18	YEARS	Tv	vin Falls	s, 10	a higy many chil- dren are now living?	b. How many born alive but as	children were e now dead?	c. How many children were (born dead aft	OTHER stillborn er 20 weeks
		. District			_			prognancy)?	
Mrs. Wi	llian	<u>Prestri</u> WEIGHT AT BIRTH		other		0		0	
NA NA	NCY		was a st	andard nate da	serological test te	for syphilis p 19/52	erformed?	YesX	No
		LBS. OZS 20a. FETAL CAUS			<i>J</i> /	± // /~		<u>y_</u>	7.6
State only morbid	conditions	200. 127.12 0.100	Man.	0.	$\mathcal{A}$			,	
causing fetal death use such terms as	(do NOT Stillbirth.	20b. MATERNAL (	CAUSES		· ·	1			
Prematurity, Asphy	xia, etc.)		00400	- 01	~elu×	1.			
21. STATE ANY COM	APLICATION	S OF PREGNANCY	AND LABOR	,	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	-	
				·····	<u></u>		<del></del> ,		
I hereby certif		23a. ATTEMOA	SIGNAT	URE	(Specify if M. 1	D., midwife, or oth	_	23b. DATE SIG	SNED
child who was be	orn dead	20	Hou	11			).	8/2	5/52
on the date state	ed above	23c. ATTENDANT			attended by	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 1 2 / 1	<i>m</i> . H		daho		physician			<del></del>	
25a. BURIAL, CRE TION, REMOVAL (Spe	MA- 25b.	DATE	25c. NAME OF	CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
DATE REC'D BY LO	CAL REG	SPRAR'S SIGNATU	F. Wright	- Kerl	26. FUNERAL DIRECT	OR	AD	DRESS	
- 1 - 3 - 7	/- <u>0</u> * V	<u> </u>		elist	Y.	· · · · · · · · · · · · · · · · · · ·			

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PHS-797(VS)			(1949 Revi	sion of	Standard Certificate	9	Stote Wile	No	······································
1-48 FEDERAL SECURIT					OF STILLBIF		Local Reg	No.	_ <del></del>
PUBLIC HEALTH SERN		NECEIVE NUG 2 7 1952	~		Idaho		Reg. Dist.		
1. PLACE OF STI	LLABAS	THOUSE V			2. USUAL RESID	ENCE OF MO	OTHER (Where	does moth	er live?)
a. COUNTI		STATISTIC			a. STATE Ida		L COUNTY	Bonne	
b. CITY (If outside co		nite, write RURAL and			c. CITY (If outside co				<u> </u>
TOWN Sand	inoir	nt			OR	point			
		ospital or institution, giv	e street address or le	cation)	d. STREET ADDRESS	(If rural, give l	ocation)		
INSTITUTION	Bonr	er Gener	al Hospi	ital		007 Lak	e Stree	et	
3. CHILD'S NAM ((Type or Print)									
(I Type of Film)	Jac	k M. Kin	caid						
	a. THIS B		1	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	th) (D	ay) (Year)
Male	SINGLE		TRIPLET	1ST		5 3D	August	13.	1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLO	R OR RACE
		Elmo			<del> </del>	Kincai	d, Jr.	Wh	ite
9. AGE (At time of this	birth)	10. BIRTHPLACE (St	ate or foreign countr	у)	11a. USUAL OCCUPAT	ION	i		S OR INDUSTRY
32	YEARS	Ferdinan			Laborer		City		<u>indpoint</u>
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	•	c. (Last)			OR OR RACE
NAME		noda	70 1 1			oungber			hite_
14. AGE (At time of this		15. BIRTHPLACE (St			a. How many chil-				
31 17. INFORMANT	YEARS	Sandaken	, NO . BO	rneo	dren are now living?	b. How many born alive but	are now dead?	children	many OTHER were stillborn ad after 20 weeks
Clare	2/0	00			3	non	6	pregnanc	(y)?
18a, LENGTH OF PREC	G. 1 18b	WEIGHT AT BIRTH	19	<del></del>					lone
NANC	Y 100.	LBS. 4 OZS.	Approxim	indard iste da	serological test f	or syphilis 1	performed?	Yes	No
36/2/ WEEKS	<u> 7</u>	20a. FETAL CAUSES			May	21-19	~2/		3/16
CAUSE OF STILLE State only morbid con		2001 121112 0110020						,	
causing fetal death (duse such terms as St	o NOT	20b. MATERNAL CA	USES						
Prematurity, Asphyxia	, etc.)	Tutra	erine a	laar	1/21-1			La se	
21. STATE ANY COMP	LICATION	S OF PREGNANCY A	ND LABOR		22. STATE ALL OPERA	ATIONS FOR DE	LIVERY		
I hereby certify	that I	23a. ATTENDAN	T'S SIGNATI	JRE ,	(Specify if M. I	)., midwife, or ot	her)	23b. DAT	E SIGNED
attended the birth o	of this	Als I	entak	etes	in The	٠ لاړ . و		8/	15/52
child who was born on the date stated		23c. ATTENDANT'S	ADDRESS		II NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 3:00 p	m.	Sandson	xt Sto	Lo	attended by physician				
25a. BURIAL, CREMA TION, REMOVAL (Boods	A- 25b.	DATE	25c. NAME OF C	EMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial	ع   ''	5/14/1952	Pinec	rest	Cemetary	Sandr	oint,	Idaho	)
DATE REC'D BY LOCA		STRAR'S SIGNATURE	É	^	26. FUNERAL DIRECT		() , AI	DRESS	. <u></u>
aug. 19-19	52	neclene	It mil	ey	F.J.1.	loou	Ju.		··-···
1 70					Moon Fune	ral Hox	e. Sand	ipoir	it. Idah
							, —		

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PHS-797(VS)	CIVE (1949 Revision of	Standard Certificat	e) State Fil	e No.
FEDERAL SECURITY AGENCY G 2	3 195 CERTIFICATE	OF STILLBIR	RTH Local Re	1 3 3
POBLIC HEALTH SERVICE IVISION	OF VIIAL State o	f Idaho	Reg. Dist	No. 6/6
1. PLACE OF STILLBIRTH			EVER OF MARKET	
a. COUNTY Donney		a. STATE	ENCE OF MOTHER (Who	efferson
b. CITY (II outside corporate limite, watton	URAL and give township)	II OK 🐔	reprate limits, weits RURAL and give	
		TOWN /	ODGLIS.	
c. FULL NAME OF (II not in hospital or in HOSPITAL OR INSTITUTION CACYE d		d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	by Tom	chak		
4. SEX   5a. THIS BIRTH   SINGLE   THE SINGL		TWIN OR TRIPLET (This o	STILLBIRTH _	, , , , , , , , , , , , , , , , , , , ,
7. FATHER'S a. (First			c. (Last)	18 COLOR OR RACE
NAME	du Greore	,	mehak	1 1 1
9. AGE time of this birth) 10. BIRTH	IPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
37 YEARS NO	borts - Idano			lilroad
12. MOTHER'S a. (First	b. (Mide	dle)	c. (Last)	13. COLOR OR RACE
NAME La VE	rn	Will	yprd	White
	IPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	
3 YEARS		a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn
17. INFORMANT	make Koberto	$\mathcal{Z}$	<del></del>	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT A	BIRTH 19 Was a standard	corplogical test 4	or syphilis performed?	
WEEKS LBS.	OZS.   Approximate da	ite	or syphilis performed?	V36,1
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATI	rematuri	ty - du	to Primation	u lator,
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ERNAL CAUSES  Cocenta	Prom	in Tomas	cariadia
21. STATE ANY COMPLICATIONS OF PREC	SNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	7
I hereby certify that I 23a. Assattended the birth of this	ENDANT'S SIGNATURE	(Specify if M. I	., midwife, or other)	23b. DATE SIGNED
child who was born dead	form 6 W	one		3 deng J 2
on the date stated above 23c. MITE	DANT'S ADDRESS	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFICIA	IL OTTLE
25a, BURIAL, CREMA- 25b. DATE	25c MAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	<del>7                                    </del>
DATE REC'D BY LOCAL   REGISTRAR'S S	IGNATURE A.	26. FUNERAL DIRECTO	OR AT	DDRESS
July 28.32 Len	ra hidges	Deoll-	heisens "	Aloks Fall
/		•		_

4)			•	- 1 4
PHS-797(VS)	(1949 Revision of Star	ndard Certificate)	State File No.	
FEDERAL SECURITY AGENCY	1950ERTIFICATE OF	STILLBIRTH	Local Reg. No	
PUBLIC HEALTH SERVICE SEP 11	State of Ide	_	Reg. Dist. No.	4
1. PLACE OF STALBIRTH a. COUNTY		USUAL RESIDENCE OF		mother live?)
a. COUNTY Country	ete_   a	1. STATE OROKO	b. COUNTY	ansee in 11
b. CITY (If outside corporate limits write RUR	Al and give township) C	. CITY (If outside corporate limits)	write Run Ab and give town	ship)
TOWN CAOKS	alls	TOWN Plot	1 Jack	2
c. FULL NAME OF (If not inherital or intit	ution, twe street address or location)	. STREET (If rural, gi	ve lossion)	
HOSPITAL OR INSTITUTION	Hospital 1	ADDRESS / 50 >	QQ PD	@
3. CHILD'S NAME			320	
((Type or Print)	5/1	T/		
Sup	$q \sim \alpha L r_0$	utora		
4. SEX 5a. THIS BIRTH		OR TRIPLET (This child born) 6.	DATE OF (Month)	(Day) (Year)
escale. SINGLE TWIN	TRIPLET 1ST	2ND 3RD	SILLBIRIE -	18-18/2
7. FATHER'S a. (First)	b. (Middle)	c. (Las	(i)   8. C	OLOR ON RACE
Melvin	Olden	200	1 1	W Lot
	ACE (State or foreign country)	. USUAL OCCUPATION	THE PURP OF THE	, , , , , , , , , , , , , , , , , , ,
28 10146	in the little of	1 POLICE OCCUPATIONS	110. KIND OF BUS	INESS OR INDUSTRY
YEARS YEARS	m, wor	coaux au	<u> </u>	
2. MOTHER'S (First)	b. (Middle)	2 (Las	t) 13.	COLOR OR RACE
INAME	<u> </u>		eler 1	Vale.
14. AGE (At time of this birth) 15. BIRTHPL	ACE (State or foreign country) 16.	CHILDREN PREVIOUSLY BORN	TO THIS MOTHER (Do N	OT include this child)
35 YEARS Mas		How many chil- b. How man are now living? born alive b	ny children were   c. H	low many OTHER
17. INFORMANT	de	n are now nying:   Doin anye b	(boz	dren were stillborn n dead after 20 weeks
MASTRATION			Kone pres	mancy)?
18a, LENGTH OF PREG-   18b, WEIGHT AT B	IRTH   19 Was a standard			Maria III.
NANCY	was a standard sero	ological test for syphili	s performed? Yes	No
WEEKS LBS.	025.			V 36.0
CAUSE OF STILLBIRTH 20a. FETAL (	wisted is	embeleral Co	ord	
tate only morbid conditions ausing fetal death (do NOT				
ausing fetal death (do NOT assessuch terms as Stillbirth, Prematurity, Asphyxia, etc.)				
	Hyperlen	sim		
1. STATE ANY COMPLICATIONS OF PREGNA	INCY AND LABOR 22.	STATE ALL OPERATIONS FOR	DELIVERY	
	•			•
I hereby certify that I   23a. AFTE	ND&NT'S SIGNATURE	(Coods if If D -11-11		DATE CIONES
I hereby certify that I 23a. ATTE	7 C 1) 1-	(Specify if M. D., midwife, or	* h	DATE SIGNED
hild who was born dead	Mr S Halen	<u>''' ( )                                </u>	1 6	25 25
n the date stated above 23c. AT 15 1		NOT 24. SIGNATURE OF AUT	HORIZED OFFICIAL	TITLE
itm.	his telle chales phys			
5a SURIAL, CREMA- 25b. DATE	25c. NAME OF CEMETERY OR	REMATORY 25d. LOCATION	ON (City, town, or obunt	y) (State)
Cestoral aug_18-19	952 Oden (ity (	emetery Oga	ten- Ula	Th -
	790	FUNDERAL DIRECTOR - 01	ADDRES	
10. 3 C	18, 18, 18	11 11	ADDRES	celle.
17.10 02 1 June	, mg 9	covi-sue	como	
19.18.52   James	1 Die que	es U- The	lians	Carl.

of March State in the State The state of the s signification of The return designation of The second second Charles of Manager and Manager TO THE STREET OF THE STREET The Chart Property of the second

PHS-797(VS)		1010 Danisian at	Giandand Conticout		O4 - 4 - 1791 -	145
PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CEIVE	TIPICATE	Standard Certificate OF STILLBIF <b>Idaho</b>	*) <b>&gt;=</b> ::	State File	7
PUBLIC HEALTH SERVICE	SEP 5 1000	DIFICATE V	OF STILLBIR	KIM	Local Reg.	No. 2 3 6 2
	VISION 1952	State of	Idaho		neg. Dist.	INU.E) <b>92</b>
1. PLACE OF STILLBIRT a. COUNTY  Ganvon	TH STATES VIT	`A:	2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY Canyon	- OTICS	***	a. STATE Ida	ho	b. COUNTY	Canvon
b. CITY (If outside corporate lim	its, write RURAL and give tow	vnship)	C. CITY (If outside co	orporate limits, write	RURAL and give	
TOWN Nampa			TOWN Nam	กล		
c. FULL NAME OF (If not in he	pepital or institution, give street	t address or location)	d. STREET	(If rural, give lo	cation)	
HOSPITAL OR INSTITUTION MARC	v Hospital		ADDRESS	03 4th 9	St. No.	
3. CHILD'S NAME	J VODITVAL					
(Type or Print)	TNFANT SON	WATT				
4. SEX 5a. THIS B			WIN OR TRIPLET (This	child born) 6. DAT	E OF (Mont	h) (Day) (Year)
mola SINGLE	TWIN TR	IPLET   1ST	2ND	3RD STI	TBIRTH	6. 1952
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	JULY C	8, COLOR OR RACE
NAME	_		•			<b>.</b> .
9. AGE (At time of this birth)	RANT  10. BIRTHPLACE (State or f	loneiro countro	11a. USUAL OCCUPAT	WALL	115 KIND OF	While te
21 YEARS	Ogden, U	tah b. (Midd	Truck D	c. (Last)	Tru	cking 13. COLOR OR RACE
MAIDEN		b. (Midd	10)			
<del></del>	NORMA		Lac cui porta porta	ANDERS		white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or 1	foreign country)	a. How many chil-	b. How many		Do NOT include this child) c. How many OTHER
20 YEARS	Ogden, U	tah	dren are now living?	born alive but a	re now dead?	children were stillborn (born dead after 20 weeks
17. INFORMANT						pregnancy)?
		desson	2	(	)	<u> </u>
18a. LENGTH OF PREG 18b.			serological test	for syphilis p	erformed?	Yes No
WEEKS	LBS. OZS.	Approximate da	te.			V34,2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES					
State only morbid conditions		•				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	-lace pre	centetian	- rue	uulat	wy
1	regue	con & ch	traction	alleves	<u></u>	
21. STATE ANY COMPLICATION	S OF PREGNANCY AND L	ABOR	22. STATE ALL OPER	ATIONS FOR DEL		<u></u>
tax AMA	. Presental	many "	Veace	sn - E	habl	iel
I hereby certify that I	23a. ATTENDANTS	SIGNATURE	(Specify il M. 1	D., midwile, or oth	er)	23b. DATE SIGNED
attended the birth of this	11967	11.	04	W		7/21/52
child who was born dead on the date stated above	230 ATTENDANT'S ADDR	ESS 0	If NOT   24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L TITLE
at m.	Manna.	Idden.	attended by physician			
25a. BURIAL, CREMA- 25b.	DATE 0 25c.	NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
TION, REMOVAL (Specify)	100 150	_		l ,		TT ( - 1-
DATE REC'D BY LOCAL REGI	28/52 STRAR'S SIGNATURE		26. FUNERAL DIRECT	ron	igaen,	DRESS
REG.	21.	K Ser .	k - 1	1	 ملکد ب	ns Tdobe
epr. 4, 1752	yrs. Jane	- ruck	i wood	Junu	W DOWN	pa, Idaho
			Lewis Ed	nunds Mo	rtuary	

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PHS-797(VS)  4-48  FEDERAL SECURITY AGENCE OF CENTRERTIFICATE OF STILLBIRTH PUBLIC HEALTH SERVICE OF STILLBIRTH  1. PLACE OF STILLBIRTS OF STILLBIRTS OF STILLBIRTH  a. COUNTY  Canyon  b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Nampa  c. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Mercy Hospital  3. CHILD'S NAME (Type or Print)  Infant Daughter Calhoun  4. SEX  5a. THIS BIRTH  5b. IF TWIN OR TRIPLET (This child born) FEDERAL SECURITY AGENCE OF MOTHER (Where does mother live?) Ada  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagle  d. STREET ADDRESS  ROUTE #1  5b. IF TWIN OR TRIPLET (This child born) August 16, 1952	= - -
Canyon  b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Nampa  c. FULL NAME OF (II not in hospital or institution, give street address or location) INSTITUTION Mercy Hospital  3. CHILD'S NAME ((Type or Print))  Infant Daughter Calhoun  4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) fema SINGLE X TWIN TRIPLET 1st 2ND 3RD August 16, 1952	= - -
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa  c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITALOR INSTITUTION Mercy Hospital  3. CHILD'S NAME ((Type or Print))  Infant Daughter Calhoun  4. SEX 5a. THIS BIRTH  5b. IF TWIN OR TRIPLET (This child born) Fema SINGLE X TWIN TRIPLET 1 1ST 2ND 3RD August 16, 1952	-
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital  3. CHILD'S NAME ((Type or Print)  Infant Daughter Calhoun  4. SEX 5a. THIS BIRTH  5b. IF TWIN OR TRIPLET (This child born)  Figs 1  d. STREET ADDRESS  ROUTE #1  5. DATE OF (Month) (Day) (Year)  Figs 1  STILLBIRTH  Figs 1  STILLBIRTH  Figs 1  August 16, 1952	-
3. CHILD'S NAME (Type or Print)  Infant Daughter Calhoun  4. SEX 5a. THIS BIRTH   5b. IF TWIN OR TRIPLET (This child born)   6. DATE OF (Month) (Day) (Year)  fem.   SINGLE   TWIN   TRIPLET   1st   2ND   3RD   August 16. 1952	=
3. CHILD'S NAME ((Type or Print)  Infant Daughter Calhoun  4. SEX   5a. THIS BIRTH   .5b. IF TWIN OR TRIPLET (This child born)   6. DATE OF (Month) (Day) (Year)  fem.   SINGLE   TWIN   TRIPLET   1ST   2ND   3RD   August 16. 1952	=
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)  fem. single x Twin Triplet 1st 2nd 3rd August 16. 1952	
1em.   SINGLE EX TWIN   TRIPLET   1ST   2ND   3RD   August 16, 1952	-
7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE	=
Floyd D. Calhoun white	
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTR	Ÿ
35 YEARS Missouri Farmer Farming	_
12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE	3
NAME Juanita Salhoun white	-
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child	-3
32 YEARS MISSOURI  a. How many children were born alive but are now dead?  (b. How many children were children were children were stillborn (born dead after 20 weeks pregnancy)?	 
188 LENGTH OF PREG-   185, WEIGHT AT BIRTH   19 Was a standard containing the	<u>.</u>
WEEKS LBS. OZS. Approximate date.	ا سنت
CAUSE OF STILLBIRTH State only morbid conditions	
causing fetal death (do NOT use such terms as Stillibirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAMSES  20c. MATERNAL CAMSES  20c. MATERNAL CAMSES  20c. MATERNAL CAMSES	
21 OFFITE ANY COMPLICATIONS OF PREGNANCY AND LABOR DE STATE ALL OPERATIONS FOR DELIVERY NORMAL CULL	resi
I hereby certify that I attended the birth of this child who was born dead	2
on the date stated above at	_
25a. BURIAL, CREMA- TION, REMOVAL (8pecify) 8/18/82 Cloverdale Cemetery of CREMATORY 25d. LOCATION (City, town, or county) (8tate)	i
	-
	-

DESCRIPTION OF THE PROPERTY OF od serological teats THE PROPERTY OF THE PERSON OF The area stantaged at

4-48 FEDERAL SECUR PUBLIC HEALTH SE	ERVICE	AHG 1 6 1	FALL State of		e) State FI RTH Local R Reg. Dis	le No
1. PLACE OF S a. COUNTY	TILLBIRTA GOODII	NG STATIS	TICS	2. USUAL RESID a. STATE	ENCE OF MOTHER (WE b. COUNTY	
b. CITY (If outsid OR TOWN	e corporate limite,	write RURAL and gi	ve township)	OR	rporate limits, write RURAL and a	rive township)
c. FULL NAME C HOSPITAL OR INSTITUTION		nd or institution, give	HOSP.	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NA	£ }	OLLY DOR	IS ALLRED			
4. SEX	5a. THIS BIRT			WIN OR TRIPLET (This o	STILLBIRTH	onth) (Day) (Year) 3 10 1952
7. FATHER'S NAME		(First)	b. (Midd		c. (Last)	8. COLOR OR RACE
		TED	DEAN	ALLRED		W
9. AGE (At time of t	his birth) 10.	BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND	OF BUSINESS OR INDUSTRY
nn 22	YEARS	KANESVI	LLE UTAH	LABOR	]	FA R <b>M</b>
12. MOTHER'S MAIDEN NAME	_	(First) DORIS I	ORENE BUR	RELL	c. (Last)	13. COLOR OR RACE
14. AGE (At time of t		<del> </del>	te or foreign country)		OUSLY BORN TO THIS MOTHE	<del></del>
19	YEARS	GANNETT	IDAHO	a. How many chil- dren are now living?	b. How many children we born alive but are now dead?	children were stillborn
	т .					(horn dead after 20 weeks
17. INFORMAN	Zid	All	bred	NONE	NONE	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PI	REG- 18b. WEI	A LIGHT AT BIRTH BS. OZS.	lugg 19 Was a standard Approximate da	NONE serological test 1		pregnancy)?
18a. LENGTH OF PINA  S WEEK:  CAUSE OF STIL	REG- 18b. WEINCY S L			NONE serological test 1	NONE or syphilis performed	Pregnancy)? NONE  ? Yes
18a. LENGTH OF PINA  S 6 WEEKS  CAUSE OF STIL	REG- 18b. WEI NCY L LBIRTH conditions (do NOT 8tillbirth, 2008	BS. OZS.	Approximate da	NONE serological test 1	NONE or syphilis performed	Pregnancy)? NONE  ? Yes
18a. LENGTH OF PI NA WEEK: CAUSE OF STIL State only morbid causing fetal death use such terms as	REG- INCY 18b. WEI S L LLBIRTH conditions (do NOT 8tillbirth, rxia, etc.) 20i	BS. OZS.  A. FETAL CAUSES  C. FORD  D. MATTENNAL CAU	Approximate da	NONE serological test 1	NONE for syphilis performed - 5-2	Pregnancy)? NONE  ? Yes
18a. LENGTH OF PI  18a. LENGTH O	REG- INCY INCY INCY INCY INCY INCY INCY INCY	BS. OZS.  A. FETAL CAUSES  D. MATTERNAL CAU  OF PREGNANCY AT	Approximate da	NONE serological test to 2 - C	NONE for syphilis performed - 5-2	Pregnancy)? NONE  ? Yes
18a. LENGTH OF PI  S 6 WEEK!  CAUSE OF STIL  State only morbid causing fetal death use such terms as Prematurity, Asphy  21. STATE ANY CO	REG- INCY 18b. WEI S L. L. L. L. L. L. L. L. L. L. L. L. L.	BS. OZS.  A. FETAL CAUSES  D. MATTENDA CAU  OF PREGNANCY AND AND CAUSE  A. ATTENDAN	Approximate da	NONE  serological test it  2 - C  NONE  Serological test it  2 - C  NONE  Serological test it  Serological t	NONE for syphilis performed - 5-2  May May ATIONS FOR DELIVERY	Pregnancy)? NONE ? YesXNo
18a. LENGTH OF PINA S WEEK: CAUSE OF STILL State only morbid causing fetal death use such terms as Prematurity, Asphy 21. STATE ANY CO  I hereby certi attended the birt child who was b on the date stat at	REG-NCY 18b. WEI NCY LBIRTH conditions (do NOT 8tillbirth, xia, etc.) MPLICATIONS Of this orn dead ed above 230 m.	BS. OZS.  A. FETAL CAUSES  D. MATTENNAY CAL  OF PREMANCY AND AND AND AND AND AND AND AND AND AND	Approximate da	serological test it te 2-C  NONE  serological test it te 2-C  NONE  Serological test it  NONE  Specify if M.  If NOT 24. SIGNA attended by physician  Y OR CREMATORY	NONE  for syphilis performed  Solution  ATIONS FOR DELIVERY  , midwife, forher)  TURE OF AUTHORIZED OFFICE  25d. LOCATION (City, town,	Pregnancy)? NONE  ? Yes
18a. LENGTH OF PI  S WEEK:  CAUSE OF STIL  State only morbid causing fetal death use such terms as Prematurity, Asphy  21. STATE ANY CO	REG- INCY S 18b. WEI S LBIRTH conditions (do NOT Stillbirth, via, etc.)  MPLICATIONS O  MPLICATIONS O  fy that I 23e h of this orn dead ed above  m.  MA- 25b. DAT	D. MATTENDAN'S ATTENDAN'S ATTENDAN'S	Approximate da	serological test it te 2 - C  22. STATE ALL OPER  (Specify if M.  If NOT 24. SIGNA attended by physician  Y OR CREMATORY	NONE  for syphilis performed  Solution  ATIONS FOR DELIVERY  y, midwife, for other)  TURE OF AUTHORIZED OFFICE  25d. LOCATION (City, town,	Pregnancy)? NONE  ? Yes
IBa. LENGTH OF PI  S WEEK!  CAUSE OF STILL  State only morbid causing fetal death use such terms as Prematurity, Asphy  21. STATE ANY CO.  I hereby certi attended the biri child who was b on the date stat  at  25a. BURIAL. CRE TION. REMOVAL (SP	REG- INCY S 18b. WEI S LBIRTH conditions (do NOT Stillbirth, via, etc.)  MPLICATIONS O  MPLICATIONS O  fy that I 23e th of this orn dead ed above  m.  MA- edity  AL 8/1	BS. OZS.  A. FETAL CAUSES  D. MATTENNAY CAL  OF PREMANCY AND AND AND AND AND AND AND AND AND AND	Approximate da	serological test it te 2-C  NONE  serological test it te 2-C  NONE  Serological test it  NONE  Specify if M.  If NOT 24. SIGNA attended by physician  Y OR CREMATORY	NONE  for syphilis performed  Solution  ATIONS FOR DELIVERY  y, midwife, for other)  TURE OF AUTHORIZED OFFICE  25d. LOCATION (City, town,	Pregnancy)? NONE  ? Yes

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SEP 1 1952

PHS-797(VS) 4-48	RECEIVE	9 Revision of	Standard Certificat	e)	State File	No	- 40
FEDERAL SECURITY AC PUBLIC HEALTH SERVICE	BENCY AUG 1 3 4952T	IFICATE	OF STILLBIF	RTH	Local Reg	. No	***********
· Obbito Hamaili Obijyviola	DIVISION OF VIT	▲ State of	Idaho		Reg. Dist.	No/20	<u>)</u>
1. PLACE OF STILLE	IRTH STATISTICS	At	2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live	P)
a. county Koote	_		a. STATE Tdah		b. COUNTY	Kootean	
b. CITY (If outside corpora	te limits, write RURAL and give townshi	(p)	c. CITY (If outside of	<del></del>	RURAL and give		<u> </u>
Town Coeur d	'Alene		TOWN	eur d'Ale			
	in hospital or institution, give street add	ress or location)	d. STREET ADDRESS	(If rural, give lo			
	ake City General		ADDRESS 51/	5 La Cros	S.		
3. CHILD'S NAME	<b>1</b>			<u> </u>	<u> </u>		
(Type or Print)	Infant Baby Girl	Wilson					
4. SEX 5a. TH	IS BIRTH		WIN OR TRIPLET (This o	shild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Female singi	E X TWIN TRIPLE		, L	3RD STI	LLBIRTH 8	3	52
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR	
MAME	Gordon	E.		Wilson		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreig	n country)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
27 YEAR	rs Oregon		Salesman		ļ	d Oil Co	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)	Joanna	13. COLOR OR	
NAME	Ailene	Tr.		Wendt		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign	th country)	16. CHILDREN PREVIO		THIS MOTHER (		e this child)
26 YEAR	oregon		a. How many children are now living?	b. How many born alive but a			
17. INFORMANT			dien are now mymg;	Dorn surve Dut a	re now dead?	c. How many children were (born dead afte	stiliborn ar 2∩ weeks
Mr. Gordon	Wilson		none	non		pregnancy)?	
		a standard	serological test f				No
WEEKS	LES. O.S. App	roximate da	te		ciloffied:	\/ \	
CAUSE OF STILLBIRTI	204. FETEL CAUSES	f. 1:	1 (0.	· Vien	41/1	2	1 + P
State only morbid condition		un	7 – cer	- My Vo	W.	7, 12	1
causing fetal death (do NO use such terms as Stillbirt! Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES					1200	<del>42</del> /
riematurty, Aspuyria, etc.)					. `	_	ン
21. STATE ANY COMPLICAT	IONS OF PREGNANCY AND LABOR	3	22. STATE ALL OPER	TIONS FOR DEL	IVERY		
Munule	ne Kron		100	cear	a for		7
I hereby certify that		NATURE	(Specify at )	)., midwite, os oth	er)	23b DATE SIE	NJE
attended the birth of thi child who was born dea		275	W. 11	W).	1	8/4	/O_
on the date stated abov			I NOT   24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL		TITLE
at m.		. /	attended by physician			/	
25a. BURIAL, CREMA- 25 TION, REMOVAL (Specify)	b. DATE 25c. NAM	E OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or o	ounty)	(State)
Burial	8-4-52 Fore	st Cemet	erv	Coeur	d'Alene,	Kootena	ai. Td <b>a</b> h
DATE REC'D BY LOCAL R	SISTRAR'S SIGNATURE	. \	26. FUNERAL BIRECT		ADI	DRES /	
8-7-52 REG. 0	Garrine K. Br	ush	A flank	Cales	( ouend	Klone	Lacha
			Gilbert X	etes Co	eur d'Al	ene. Ida	aho
			ロエエハニエ ク (1)		uu u i	علاك وتحسر	~

and the control of th 

PUBLIC HEALTH SERVICE	Tie No
SELL OF YILL State of Idaho Reg. Di	BL. 140
1. PLACE OF STILLBIRTH STATES 2. USUAL RESIDENCE OF MOTHER (**	/here does mother live?)
a. COUNTY  Kootenai  a. STATE Washington  b. COUNT	Lincoln
b. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and	give township)
TOWN Coeur d'Alene Town Almira	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.C.G.HOSP ital  d. STREET ADDRESS  (If rural, give location)	
3. CHILD'S NAME ((Type or Print) Shay Wynhoff	
	fonth) (Day) (Year)
STILLBIRTH SINGLE TWIN TRIPLET 1ST 2ND 3RD STILLBIRTH	lug 23, 1952
7. FATHER'S a. (First) b. (Middle) c. (Last)	8. COLOR OR RACE
Walter W. Wynhoff	W
	OF BUSINESS OR INDUSTRY
28 YEARS Washington Warehouseman Grain	า
12. MOTHER'S 8. (First) b. (Middle) c. (Lost)	13. COLOR OR RACE
NAME Nami Barry	W
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHE	R (Do NOT include this child)
19 YEARS Idaho  a. How many children we denote now living?  b. How many children we born alive but are now dead.	re   c. How many OTHER
Walter to 5 6 bely Soll	pregnancy)?
18a. LENGTH OF PREGNANCY NANCY LBS. OZS. Approximate date.  Was a standard serological test for syphilis performed Approximate date.	Yes No V 36,2
CAUSE OF STILLBIRTH State only morbid conditions  20a. FETAL CAUSES	/
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	
Prematurity, Asphyxia, etc.)	reula
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DECIVERY	
I hereby certify that I 23a ATTENDANT SIGNATINE (Specity it his D., midyin, Other)	23b. DATE SIGNED
child who was born dead The Market Till the was born dead The was born dead	18-20-8
on the date stated above 23c. ATTENDANT'S ADDRESS II NOT attended by physician m.	CIAL TITLE
25a. BURIAL, CREMA- 25b. DATE TION REMOVAL (Specify) 25d. LOCATION (City, town.	or county) (State)
Burial 825552 Forest Cemetery Coeur d'Alene,	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  26. FUNERAL DIRECTOR  COMPANY OF THE C	ADDRESS
8-25-52   Journe X. Drush Continglish Coourd 1/10	ne, ldahe

\$1.00 mg 

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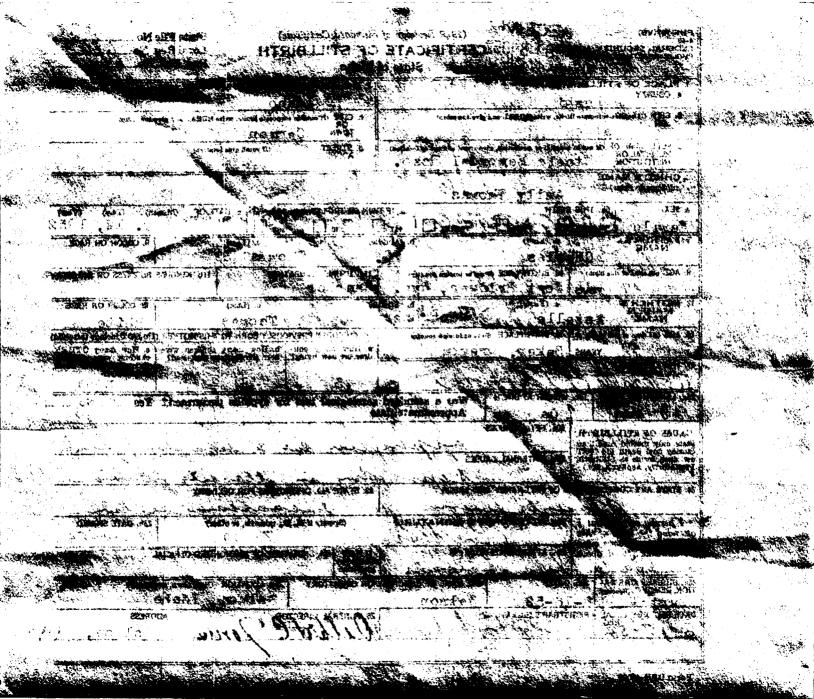
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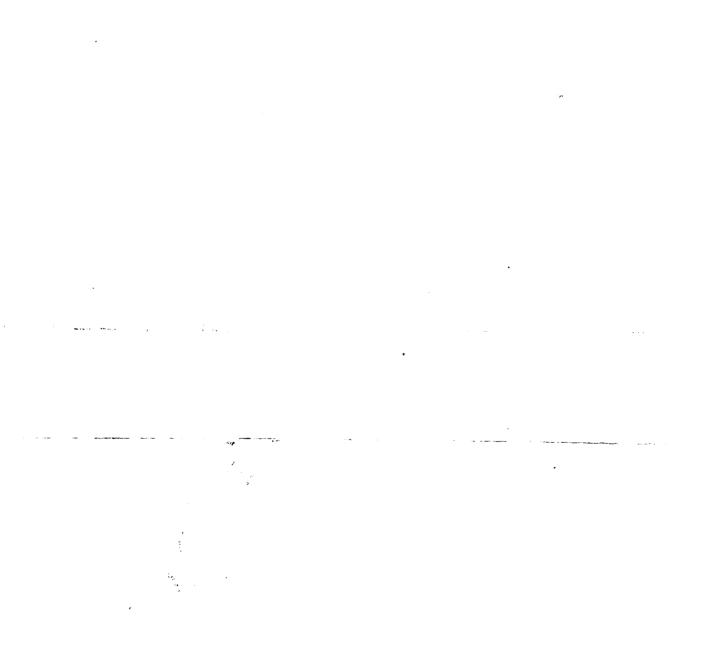
		RECE						~. '		$\{ \mathcal{G}_{ij} \}$
PHS-797(VS) 4-48				rision of	Standard Certi	ficate)		State File	No	
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGEI	NCY SELY	CERTIFIC	ATE	OF STILL	BIR	TH	Local Reg	. No	
	,			State of	Idaho			Reg. Dist.	No 120	
1. PLACE OF S	TILLBIR	₹TH <b>Ş¥A</b>	HALILE .		2. USUAL RE	SIDE	NCE OF MO	THER	1	
a. COUNTY	Koot	enn i			a STATE			6 COUNTY		
b. CITY (If outside		inits, write RURAL and	d al., 4, -, -, -, b1	, .		Idah			Ko <b>ote</b> nai	
OR			a five township)			aide corp	orate limits, write	RURAL and give	e township)	
	<u>pirit</u>				TOWN	Twi	n Lake <b>s</b>			
HOSPITAL OR	/ (II not in	hospital or institution,	give street address or	location)	d. STREET ADDRESS		(If rural, give lo			
3. CHILD'S NA		<u>rit Lake H</u>	<u>ospi ta 1</u>		 	Ru	ral Rte	. #2		
3. CHILD'S NA										
			oy Power							
4. SEX	5a. THIS	BIRTH	-	5b. IF T	WIN OR TRIPLET	(This chi	ld born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE	X TWIN	TRIPLET	1ST [	2ND	3F	, 🔲   STI	LLBIRTH 8	24	52
7. FATHER'S NAME		a. (First)		b. (Midd			c. (Last)		8. COLOR OR	RACE
NAME	C	ha <b>rles</b>		W.		F	ower		White	
9. AGE (At time of th			State or foreign count		11a. USUAL OCC			III KIND OF	BUSINESS OR	
277	YEARS	Nebrask			Farmer		J. (			INICOUNI
2. MOTHER'S	) LANS	a. (First)	a <u> </u>	b. (Midd			- (T. a.st)	Fa <b>r</b> mi		
MAIDEN	10	` '			•	3.5	c. (Last)		13. COLOR OR	RACE
4. AGE (At time of the		arianne		C			rouardt		White	
		15. BIRTHPLACE (		try)	16. CHILDREN P					
35	YEARS	Minnes	<u>ota</u>		a. How many dren are now liv	ing?	b. How many born alive but a	children were re now dead?	c. How many children were	stillborn
7. INFORMANT	1/1	٠				- 1			(born dead afte pregnancy)?	a 20 weeks
	110	wy	***		2		non	1 <b>e</b>		
8a. LENGTH OF PR	NCY 18b.	WEIGHT AT BIRTH	19 Was a st	andard	serological te	st fo	r syphilis p	erformed?	Yes.	No
WEEKS		LBS. OZS.		nate dat	e 2/1/3					39.6
CAUSE OF STILI	LBIRTH	20a. FETAL CAUSE								
itate only morbid	oonditions		No-	KNO	WN				•	
ausing fetal death ise such terms as Prematurity, Asphys	Stillbirth,	20b. MATERNAL C	AUSES	11						
пешасшиу, жарпул	AID, 040.)		Nor	KNO	WN					
1. STATE ANY COM	PLICATION	S OF PREGNANCY	AND LABOR		22. STATE ALL C	PERAT	IONS FOR DEL	IVERY		
	$\sim$	ONE		1		No	N E			
I hereby certify	u that I	23a. ATTENDA	NT'S SIGNAT	URE	(Specify if		midwife, or oth	er)	23b. DATE SIG	NED
ittended the birth	of this		- Carren	P	2-1-1		mal	Γ'	8/20	1
hild who was bo on the date state		23c. ATTENDANT'S	ADDRESS	1	II NOT   24 SI	CNATU	DE OF AUTHOR	RIZED OFFICIAL	0/40	100
it	woode	Smith			attended by physician	GIANO	IRE OF AUTHOR	MIZED OFFICIAL	<b>_</b>	IIILE
	MA- 25b	DATE	- 1/ //		OR CREMATORY	1 2	SA LOCATION	(City, town, or	oomty)	(State)
5a. BURIAL, CREMION, REMOVAL (8pm			1			- 1	-			•
Burial  OATE REC'D BY LOO		-25-52	Forest	<u>Cemet</u>					ootenai,	Idaho
ALE RECIDEY LO	CAL REGI	RAR'S SIGNATUR	· 2/ 1/	,	26. FUNERAL DII	RECTOR	?		DRESS	
0-16-5	rid	persine	) K. Dri	المعن	- Coal	<u> [_                                   </u>	1/2/	Coeur	d'Alene	Idal .
	•	,			GIATO OF	Yaz				-
<del></del>					-uw		yane a	<u> </u>	<del></del>	

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PHS-797(VS) 4-48		RECE		(1949 R	Revision of	Standard Certific	ate)	State File	No.	
FEDERAL SECUR PUBLIC HEALTH SE	TY AGE	NPMG 1	8 1952	CERTIF	ICATE	OF STILLB	IRTH	Local Res		0
TODEIG NEAETH SE	DIV	ISIOIA	OF.V	ITAL	State of			Reg. Dist.	No. 60	67
1. PLACE OF S	TILLBIF	RIGIA	187 ic	-		2. USUAL RES	DENCE O	F MOTHER (When	e does mother live!	<del></del>
a. COUNTY	Lem	hi					aho	b. COUNTY I	emb i	•
b. CITY (If outside OR	oorporate l	imite, write F	URAL and	give township)		c. CITY (If outside		s, write RURAL and giv		
TOWN 3	alm o			·		11 _OK ~	armen			
c. FULL NAME O' HOSPITAL OR INSTITUTION				ve street address rial H		d. STREET ADDRESS	(If rural,	give location)		
3. CHILD'S NA (Type or Print		Kmil	y Th	omas						
4. SEX	5a. THIS	BIRTH			5b. IF T	WIN OR TRIPLET (Th	is child born)	6. DATE OF (Mon	th) (Day)	(Year)
Female	SINGLE	<b>E</b> T	WIN 🔲	TRIPLET	] 1ST [		3RD	STILLBIRTH AV	ig. 12,	1952
7. FATHER'S NAME		a. (First	;)		b. (Midd	•	c. (L	ast)	8. COLOR OR	
	Chi	rles			C,	<u> </u>	hom as		White	3
9. AGE (At time of th	de birth)			tate or foreign co	to mar	11a. USUAL OCCUP	ATION	11b. KIND OF	BUSINESS OR	INDUSTRY
47	YEARS	Fort		dger,	ηψο.	Rancher				
12. MOTHER'S MAIDEN		a. (First	;)	3/5	b. (Midd	•	c. (L	ast)	13. COLOR OR	RACE
NAME		elle			gomer		Th om		Mhite	
14. AGE (At time of th	de birth)	1	_	tate or foreign co	ountry)			N TO THIS MOTHER		
4.0	YEARS	Bake	$r \cup v$	regon		a. How many chi dran are now living	l-   b. How I ?   born alive	many children were but are now dead?	c. How many children were	still born
II. INFORMANI	11. /	/ /	//			_	_		(born dead after pregnancy)?	€ 20 weeks
18a. LENGTH OF PR	<u>eg / /</u>		1017	765		3	<u> </u>		no	
38 WEEKS	NCY	WEIGHT A	ozs.	Approx	standard dmate da	serological test te	for syphi	lis performed?	Yes.	No
CAUSE OF STILI		20a. FETA	L CAUSES	•						
State only morbid causing fetal death use such terms as i	onditions (do NOT			ar	phi	Kin de	e to	separato	m a fele	center
use such terms as a Prematurity, Asphys	Stillbirth, ria, etc.)	20b. MAT	ERNAL CA	USES /	, , , , , , , , , , , , , , , , , , ,	utum in	61	ine la 6		
21. STATE ANY COM	PLICATION	S OF PRE	GNANCY A	ND LABOR	<del></del>	22. STATE ALL OPE	RATIONS FOR	R DELIVERY		
	Ilan	und	a. Le	acom	ب	Cal	esar	eam s	-tun	
I hereby certify		23a. AT7	FEMDAN	F'S SIGNA	FURE	(Specify if M	. D., midwife,	or other)	23b. DATE SIG	NED
attended the birth child who was bo				wy the	Sin	dun	Zn	12	7-14-	<b>ふ</b> こ
on the date state		23c) ATTE	NDANT'S	ADDRESS		If NOT   24. SIGN	ATURE OF A	UTHORIZED OFFICIAL	L	TITLE
	<i>[m.</i> ]	Kals	na	Ida	hi	attended by physician				
25a. BURIAL, CREN TION, REMOVAL (Spec	1 A- 25b.	DATE		25c. NAME O	F CEMETERY	OR CREMATORY	,	TION (City, town, or		(State)
Burial	l8 <b>_</b> _	16 <b>-</b> 52	<u> </u>	Salmo	n		Salm	on, Idaho	)	
DATE REC'D BY LOC	AL REG	ISTRAR'S	IGNATURE	11		26 FUNERAL PIRE	TOB	AD	DRESS	-
8-15-50	2 /	isto	x (0	John	usin	ALLAN	( )	orda	Salmon	, Idah
	•		/					•	5	



PHS-797(VS) 4-48 (1949 Revision of	Standard Certificate) State File No.
PUBLIC HEALTH SERVICE SEP 11 1952 State of	OF STILLBIRTH Local Reg. No. 37 Reg. Dist. No. 650
1. PLACE OF STILLBIRTH a. COUNTY Madison	2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE Idaho b. COUNTY Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony Rural
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison County Hospital	d. STREET (If rural, give location) ADDRESS RFD#1
3. CHILD'S NAME ((Type or Print) Baby Boy Ritzhaupt	
Male   SINGLE X TWIN TRIPLET   1ST	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)  2ND 3RD August 26, 1952
7. FATHER'S a. (First) b. (Midden Frank	Ritzhaupt White
9. AGE (At time of this birth) 31 YEARS 10. BIRTHPLACE (State or foreign country) St. Anthony, Idaho	11a. USUAL OCCUPATION   11b. KIND OF BUSINESS OR INDUSTRY   Cwm Farm
12. MOTHER'S a. (First) b. (Midd Malden NAME Francis Lucile	Parker c. (Last) 13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
31 YEARS Rexburg, Idaho	a. How many children were children are now living?  b. How many children were children were stillborn (born alive but are now dead? (born dead after 2º weeks
Trunk Bit hours St. Antho	
18a, LENGTH OF PREGNANCY WEEKS LBS. OZS. Approximate da	serological test for syphilis performed? Yes. No. No. No. No. No. No. No. No. No. No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERNAL CAUSES	born (unknown,
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	(Specify if M. D., midwife, or other)  23b. DATE SIGNED  28 52  If NOT attended by physician  24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 28 ug 52 Riverview	OR CREMATORY 25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  9/2/52  REGISTRAR'S SIGNATURE  FLORITORIAN  PROPERTY OF THE PROPERT	26. FUNERAL DIRECTOR St. Anthony, Ida



PHS-797(VS)			(1949 Revisio	n of	Standard Certificate	e)		No	53
FEDERAL SECURIT PUBLIC HEALTH SERV	VICE	SEP 11	G552 IFICA	TE (	OF STILLBIRTH Local Reg. No. 2 1 Idaho Reg. Dist. No. 2 3			E-3/A	
			510	10 01			_		
a. COUNTY	neid:				a. STATE Idah	ENCE OF MO	b. COUNTY C	o does mother live neida	<u>, , , , , , , , , , , , , , , , , , , </u>
b. CITY (If outside of TOWN Mal		ts, write RURAL and	give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad				
c. FULL NAME OF HOSPITAL OR INSTITUTION		apital or institution, gi	ve street address or local	tion)	d. STREET	(If rural, give lo	ocation)		
3. CHILD'S NAM ((Type or Print)	ie Ba	aby Boy (	Grover (S	til					
4. SEX 5	a. THIS BI		TRIPLET 5	b. IF T	WIN OR TRIPLET (This o	shild born) 6. DA'	TE OF (Mont LLBIRTH AUE	th) (Day)	(Year) 1952
7. FATHER'S	JINGLAND	a. (First)		(Midd		c. (Last)	**4	8. COLOR OR	PACE
NAME		Lton	Call	(111100	· ·	over		Whit	
9. AGE (At time of this	birth)	10. BIRTHPLACE (8	tate or foreign country)		11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
46	YEARS	Rigby .	Idaho		County Age	ent	Agric	ulture	
12. MOTHER'S MAIDEN		a. (First)	b.	(Midd	•	c. (Last)		13. COLOR Of	
NAME		rene			]	Luke		Whi	<u>te</u>
14. AGE (At time of this	birth)		tate or foreign country)		16. CHILDREN PREVIO			Do NOT includ	e this child)
43	YEARS	Junction	n Utah		a. How many chil- dren are now living?	b. How many born alive but s	children were re now dead?	c. How many children were	OTHER stillborn
17. INFORMANT		-			6	Non		(born dead aft pregnancy)?	r 20 weeks
18a. LENGTH OF PREC	G-   18b. W	VEIGHT AT BIRTH	19 Was a stand	hrah	serological test	or synhilis r	erformed ?	YesX	No
NANC → WEEKS	6	LBS. 8 ozs.	Approximat			or syphilis r	/ 6	1-2	v36.0
CAUSE OF STILLE	BIRTH	20a. FETAL CAUSES	6		P	1		,	700
State only morbid con causing fetal death (d	nditions lo NOT	IV	unn	~	1 Com	arm	na,	m.	1/-
State only morbid concausing fetal death (duse such terms as St. Prematurity, Asphyxia	a, etc.)	20b. MATERNAL CA	iuses Ur	z j	men	n d	lead.	me	wich
21. STATE ANY COMP	LICATIONS	OF PREGNANCY	AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	,IVERY		
	ns	ne				-222	and .		
I hereby certify attended the birth child who was born	of this		IT'S SIGNATUR	Je Je	(Specify if M. I	D., midwife, or of	tyer)	23b. DATE SIG	NED - 52
on the date stated at P. 4		23c. ATTENDANT'S	ADDRESS		If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
		ATF	25c. NAME OF CEN	ETER	<u> </u>	25d. LOCATION	(City town or	county)	(State)
25a. BURIAL, CREMA TION, REMOVAL (Specific Renloval	Aug	A				Idaho Fa			deho
DATE REC'D BY LOCA		TRAR'S SIGNATUR	E _		26. FUNERAL DIRECT	OR	AD	DRESS	
Mp 34.19.5	a Di	Junk	Jense	2-	C. Sea	-	man	me	ad clada
			Ŧ						

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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE	(1949 Revision o	f Standard Certificat	e) State File	No. 4
FEDERAL SECURITY AGENCY	LSEP CERTIFICATE	OF STILLBIF	RTH Local Reg	. No. 6
TOBER NEALTH SERVICE	SEP 8 1949 Revision of SEP 8 State of S	of Idaho	Reg. Dist	No
1. PLACE OF STILLBIRTH	7 4in kin		ENCE OF MOTHER (When	e does mather live?)
a. COUNTY	antis A	a. STATE	b. COUNTY	Seaders
b. CITY (If outside corporate limits OR	rite RURAL and give township)	c. CITY (If outside or	orporate limits, write RUBAL and giv	e township)
TOWN ROLL	~1	TOWN	inehillex	1 ×
c. FULL NAME OF (If not in hospite HOSPITAL OR INSTITUTION	al finantition, give street address or location)	d. STREET ADDRESS	(If rural, give location)	+
3. CHILD'S NAME ((Type or Print)	ive Pu	41114		
4. SEX 5a. THIS BIRTI	H .5b. 1F	TWIN OR TRIPLET (This	hild born) 6. DATE OF (Mon	th) (Day) (Year)
SINGLE X	TWIN TRIPLET 1ST		3RD STILLBIRTH	ment 10 195 2
7. FATHER'S B.	(First) b. (Mid	idle)	c. (Last)	8. COLOR OR BACE
9. AGE (At time of this black) 10.	BIRTHPLACE (State or foreign counts)	11a. USUAL OCCUPA	ON 11th KIND OF	BUSINESS OR INDUSTRY
3 A YEARS /	Bruno clotake	1. 1. 18	- FIL.	M. and a
12. MOTHER'S 8. MAIDEN NAME	(First) b. (Mic	idle	c. (Last)	13. COLOR PRACE.
14. AGE (At time of this birth)   15.	BIRTHPLACE (State or foreign pourty)	16 AILDREN PREVIO	DUSIN BORN TO THIS MOTHER	(Do NOT include this child)
2.5 YEARS	willen a Isla la	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT		dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
	0	)		pregnancy)?
18a. LENGTH OF PREG- 18b. WEIG	GHT AT BIRTH 19 Was a standard	l serological test f	or syphilis performed?	Yes. L No
37 WEEKS 6 LE		ate		V34,2
OAUSE OF STILLBIRTH	FETAL CAUSES			/ / /
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b.	None			
Prematurity, Asphyxia, etc.)	. MATERNAL CAUSES	_		.4 4
21. STATE ANY COMPLICATIONS OF	reech presentate	or - luco		otid cervix
21. STATE ANY COMPETCATIONS OF	PREGNANCY AND LABOR	لم مدا	ATIONS FOR DELIVERY	•
I hereby certify that I   23a.	ATTENDANT'S SIGNATURE	Marual d	ilation of	Cerry X
attended the birth of this	00 \		)., midwife, or other)	23b. DATE SIGNED
child who was born dead on the date stated above 23c.	ATTENDANT'S ADDRESS	II NOT   24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
at 12:30 Am. 1	Ellas Idalis	attended by physician	TORE OF AUTHORIZED OFFICIA	
25a. BURIAL, CREMA- TION, REMOVAL (Sports)	25c. NAME OF CEMETER	<u> </u>	25d. LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRA	AR'S SIGNATURE	26. FUNERAL DIRECT	OR AL	DDRESS
8/33/52 REG.	Chance .	(a) ment	of Call	V. Masaclelo
		- June !	and y	· Marie Contraction

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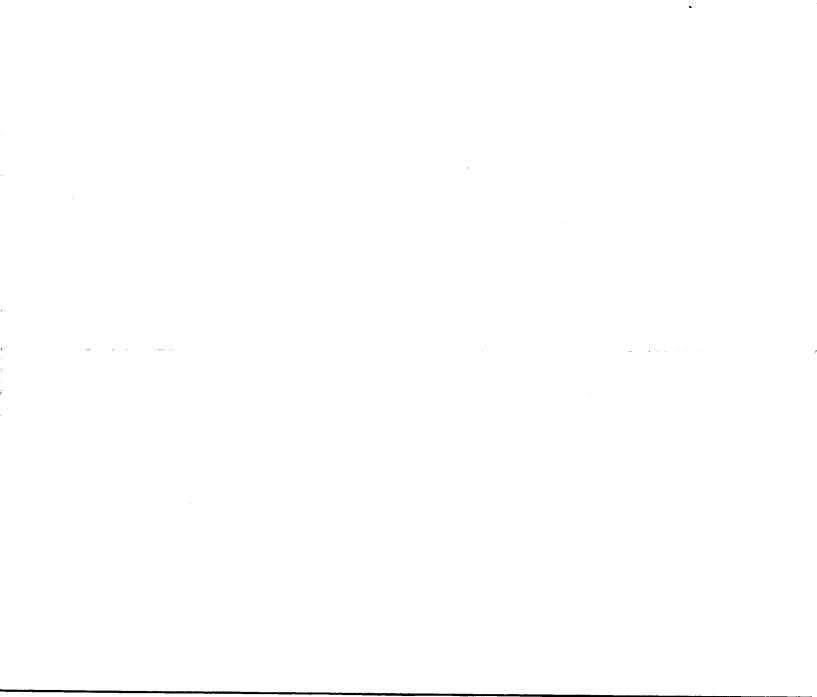
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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY OF VITALIB49 Revision of GERTIFICATE	Standard Certificate) State 1	File No.
FEDERAL SECURITY AGENCY OF MERTIFICATE	OF STILLBIRTH Local	Reg. No. 6
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE VICTORIAL SERVICE VIC	Idaho Reg. D	ist. No. / 12
1. PLACE OF STILLEARTH	2. USUAL RESIDENCE OF MOTHER	
a. COUNTY Shadane	a. STATE b. COUNT	
b. CiTY (If outside corporate limits, wrish RURAL and give township) OR	c. CITY (If outside corporate limits, write RURAL and OR	i give township)
TOWN	TOWN Sunasta	N
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (If rural five location)	Jal
3. CHILD'S NAME		
((Type or Print) Baby Day	Windson	
	WIN OR TRIPLET (This child born) 6. DATE OF (1) STILLBIRTH	Month) (Day) (Year)
7. FATHER'S a. (First) twin triplet 1st 5. (Midd		ugus 23/702
NAME HALDIA	e) . c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KINI	OF BUSINESS OR INDUSTRY
7 A YEARS CARLON	Ke tional te	mhea
12. MOTHER'S MAIDEN NAME  A  A  A  B  A  A  B  A  B  A  B  B  B	e) c. (Last)	13. COLOR OR RACE
14 ACE A STATE OF THE STATE	VYINGSOF	White
14. AGE (At time of this birth)  15. BIR I HPLACE (State or treign country)  YEARS	a. How many chil- b. How many children w	ere   c. How many OTHER
17. INFORMANT	dren are now living? born alive but are now dead	(born dead after 20 weeks
1 Stillinds	6 6	pregnancy)?
18a. LENGTH OF PREG- 18b WEIGHT AT BIRTH 15 Was a standard	serological test for syphilis performe	d? Yes. No.
32 WEEKS Ses. 8 ozs. Approximate dat	e from 16,52	V34.1
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		7
State only morbid conditions causing fetal death (do NOT	a setus	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES	all to the Com	15-06)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	11200)
Face presentation bulanced and	true Torcelas e	death
I hereby certify that I   239 AT TONDANT'S SIGNATURE	(Special if M. D., midwife, on other)	23b. DATE SIGNED
attended the birth of this child who was born dead	inell in	8/26/52
on the date stated above 2. ATTENDANT'S ADDRESS	If NOT   24. SIGNATURE OF AUTHORIZED OFF	ICIAL TITLE
at 10:42 P. m.	attended by physician	
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (City, town	n, or county)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	may Jelly	2 omens
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. EXTERNAL DIRECTOR	ADDRESS
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jung 11 July	Harris .
	<u>/</u>	



PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY AUG 1 8 CERTIFICATE	Standard Certificate) OF STILLBIRTH	State File No
PUBLIC HEALTH SERVICE DIVISION OF VITAL State o	i Idaho	Reg. Dist. No. b. A. A.
1. PLACE OF STILLBIRTH  a. COUNTY  b. CITY (II outside corporate limits, write RURAL and give towardip)  OR  TOWN  c. FULL NAME OF (II not is hospital or institution, give street address or location)  HOSPITAL OR  INSTITUTION  3. CHILD'S NAME	2. USUAL RESIDENCE OF MO  a. STATE  C. CITY (If outside corporate limits, write)  OR TOWN  d. STREET ADDRESS  (If rural, give local	b. COUNTY
4. SEX   5a. THIS BIRTH   5b. IF	TWIN OR TRIPLET (This child born) 6. DATI	E OF (Month) (Day) (Year) LBIRTH
7. FATHER'S a. (First) b. (Mide NAME	lle) c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  YEARS  YEARS	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  A. (First)  D. (Mid-	ile) c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)	a. How many children are now living? b. How many could be found in the beautiful be been all the but an	now dead?   children were stillborn
17. INFORMANT		(born dead after 2º weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da	serological test for syphilis pe	rformed? Yes V No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  **Ref in Cord**  20b. MATERNAL CAUSES	causing fetal	angxia.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIV	VERY
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	(Specify if M. D., midwife, or other attended by physician)  (Specify if M. D., midwife, or other attended by physician)	7-20-52
25a. BURIAL, CREMA- TION, REMOVAL (Specify)  Control of Cemeter Balls Ce		City, town, or county) (State)
ing 3-52 Stilla Singy.	26, FUNERAL DIRECTOR	ADDRESS
		$\nu_{-}$

Form DPH-48020

countred



PHS-797(VS)	RECEIV	FD 150 <sup>1949</sup> Revision of CERTAFICATE	Standard Certificat	e) Stota	File No. 157
4-48 FEDERAL SECURITY AGE	NCYNIIG 27	CERTIFICATE	OF STILLBI	RTH Local	Reg. No.
PUBLIC HEALTH SERVICE	DIVIDIUN OF	TIGO State of	i Idaho	Reg. I	Dist. No. 6 20
1. PLACE OF STILLBIR			2. USUAL RESID	ENCE OF MOTHER	Where does mash as the 9
a. COUNTY			a. STATE	b. COUN	
b. CITY (If outside corporate i	imite, write RURAL and a	rive township)	C. CITY (If outside o	orporate limits, write RURAL an	and refere township)
TOWN TO	* 8 ·		OR Q	. \	in Sive continuity)
		e street address or location)	d. STREET	(If rural, give location)	
C. FULL NAME OF (II not) HOSPITAL OR INSTITUTION	· Dalla.	sation L	ADDRESS	no English	
3. CHILD'S NAME	~ <u>~ ~ ~ ~</u>	dominar	<u>"                                    </u>	10 GOVE BON	01120
((Type or Print)	Lannie	1 4000	141111		O
4. SEX 5a. THIS	BIRTH	5b. IF	TWIN OR TRIPLET (This	child born) 6. DATE OF (	(Month) (Day) (Year)
SINGLE	TWIN .	TRIPLET 1ST	2ND	3RD STILLBIRTH	8- 17- 57
7. FATHER'S NAME	a. (First)	b. (Mid	dle)	c. (Last)	8. COLOR OR RACE
	Owen	die	104000	10 20 1 all	what.
9. AGE (At time of this birth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPA	TION 11b. KIN	D OF BUSINESS OR INDUSTRY
25 YEARS	Unain	71.	hivema		
2. MOTHER'S MAIDEN	ra. (First)	b. (Mid	dle)	c. (Last)	13. COLOR OR RACE
NAME (	Mistary	لمالي		Billians	ter fre
4. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THIS NOTE	ER (Do NOT include this child)
20 YEARS	Servere	a New .	a. How many children are now living?	b. How many children v	were c. How many OTHER d? children were stillborn
7. INFORMANT	0		area are non avang.	DOTH SELVE DUT SEE HOW GES	(born dead after 20 weeks pregnancy)?
anto les	Vonis	La M. Lak	ن ل	ر	pregnancy);
8a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis performe	d? Yes. ~ No
24 WEEKS 3	LBS. 6 OZS.	Approximate da	ite 300	\\	V39 5
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		11,004		<del></del>
Itate only morbid conditions	·			_	
ausing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAL	ISES Praims	ture Spor	ntanaous lu	ptured Man
	Toxex	nia due d	6 upper	respiratory	nfection.
1. STATE ANY COMPLICATION			22. STATE ALL OPER	ATIONS FOR DELIVERY	
conatue sons	t. Rupture	d Manha	$\mathcal{N}_{\alpha}$	ne	
I hereby certify that I		T'S SIGNATURE		O., midwife, or other)	23b. DATE SIGNED
ttended the birth of this hild who was born dead	Tas	sand com	Jarren	me all	8-19-57
n the date stated above	23c ATTENDANT'S	DDRESS	II NOT   24. SIGNA	TURE OF AUTHORIZED OFF	ICIAL TITLE
it m.	Driges	Idelo	attended by physician		
5a. BURIAL, CREMA- 25b.	DATE OF	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, tow	n, or county) (State)
TION, REMOVAL (Specify)	10 is 14 an	Beds C	meters	12. t. ml.	ir. k.
DATE REC'D BY LOCAL   REG	ISTRAR'S SIGNATURE	,	26. FUNERAL DIRECT	OR / .	ADDRESS
we 11 - 52 L	tella Lui	en "	Call	Ville and	la.
1		<del>/</del>	· www. O	show sorth	<del>~ ~</del>
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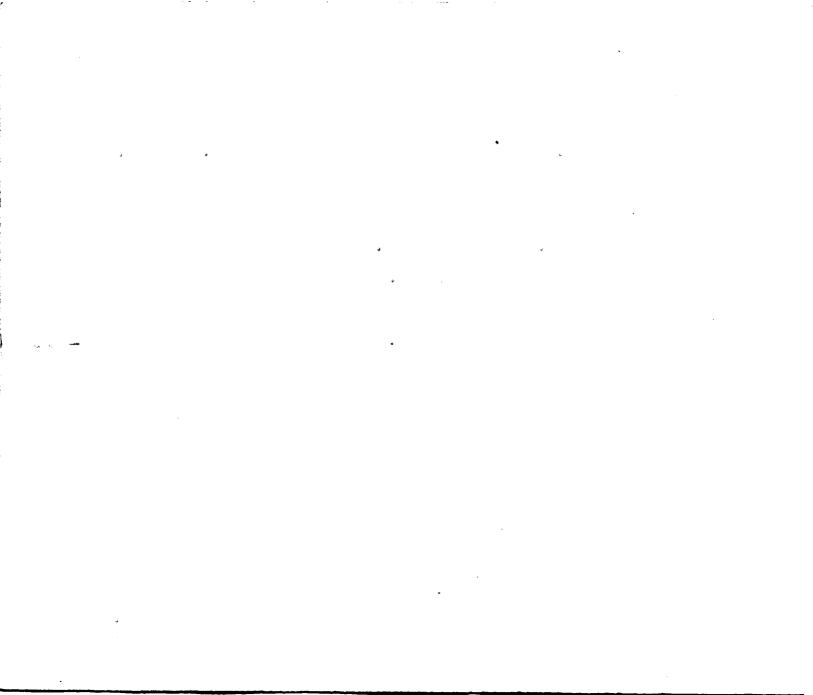
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	RECEIV	F. '		• ~.	4 10
PHS-797(VS)	1 11	15/(1949 Revision of	Standard Certificat	e) State File	No
4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NCAUU - OF	OFTANTICATE	OF STILLBIR	RTH Local Res	
PUBLIC HEALTH SERVICE	CITATE	State of	Idaho	Reg. Dist	
1. PLACE OF STILLBIF			2. USUAL RESID	ENCE OF MOTHER (When	a does mother live?)
a. COUNTY	11000	Enlle "	a. STATE	b. COUNTY	(*)
b. CITY (If outside corporate l	imite, write RURAL and	give township)	C. CITY (If outside or	orporate limits, write RURAL and giv	TWINTA 115
TOWN	Twin	Falls	OR TOWN Tw,		e township)
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, gi	ve street address or location)	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION Mag 10	· Valley	memorial the	Pital 13	07-5th Quenu	e East
3. CHILD'S NAME (Type or Print)	DEBRA	LEE HI	LDEBRA	NOT	
4. SEX 5a. THIS		· · · · · · · · · · · · · · · · · · ·	WIN OR TRIPLET (This		ith) (Day) (Year)
Female SINGLE	X TWIN .	TRIPLET 1ST		STILLBIRTH ALG	, , , , , , , , , , , , , , , , , , , ,
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Rich	901	200	Hilde brandt	White
9. AGE (At time of this birth)	10. BIRTHPLACE (8	ate or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
29 YEARS	OKION	0200	Bus Dr.	1104	Domination of the books
12. MOTHER'S	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
MAIDEN NAME	11: 6		Roca	1. 200 1 10 10	
14. AGE (At time of this birth)	15. BIRTHPLACE (8	ate or foreign country)	16 CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
25 YEARS	111-1	,			c. How many OTHER
17. INFORMANT	· yaan		a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
Mrs. Kirainia	1 Hilder	Eronot	0	a	pregnancy);
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis performed?	Yes X No
WEEKS	LBS. OZS.	Approximate dat	te Ma	nh 145 2	VB4/2
CAUSE OF STILLBIRTH	20a. FETAL CANSES				<del></del>
State only morbid conditions	124	eech -			,
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES		· · · · · · · · · · · · · · · · · · ·	<del></del>
riematurity, Aspuyim, etc.)	(Ym	makana	4		
21. STATE ANY COMPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I	23a. ATTENDON	T'S SIGNATURE	(Speciffit M. I	)., midwife, or other)	23b. DATE SIGNED
attended the birth of this	180	aund	Mices	- James	8-10-5-2
child who was born dead on the date stated above	23c. ATTENDANT'S	ADDRESS	If NOT   24. SIGNAT	TURE OF AUTHORIZED OFFICIA	L TITLE
at m.	Two	7 08.18	attended by physician	one of nomonized official	L. 111 balo
TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETERY		25d. LOCATION (City, town, or	
Burial 8	/11/52	Sunset Mem. Pa	erk ,	Twin Falls, Idah	<b>o</b>
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	<i>D</i> .	26, THERAL PHECT		Fiffs Falls, Ida
9-11-52 0	lone	Tin A	200	Phone	7
		/	- par man	V V V V V V V V V V V V V V V V V V V	<del></del>
			/		

1 the state of the s POZIES SINT A also attended to the second to Wis & standard separation wat for expelle in TO MANY ANY COMMITTATIONS OF PROPERTY AND ADDRESS. CHARLES IN THE CONTRACTOR OF T The same of municipal of the 1/72 Smoot then letter many many policy and the policy property of t The same of the sa

PHS-797(V5)  4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CT 1 1952 CERTIFICAT	n of Standard Certificate FE OF STILLBIF te of Idaho	TH Local Reg	No. 340 No. 340
a. COUNTY Ada	"BIATISTICS	2. USUAL RESID	ENCE OF MOTHER (When D. COUNTY	e does mother live?)
b. CITY (If outside corporate lin OR TOWN Boise	nits, write RURAL and give township)	OR	rporate limits, write RURAL and giv	e township)
HOSPITAL OR St. L	nospital or institution, give street address or locati ukes Hospital		(If rural, give location) Cleveland Blvd	•
3. CHILD'S NAME ((Type or Print)	Baby Darling			
4. SEX 5a. THIS E		O. IF TWIN OR TRIPLET (This e	CTUIDIDTU'	oth) (Day) (Year) une 30–1952
7. FATHER'S NAME	a. (First) b.	(Middle)	c. (Last) Darling	8. COLOR OR RACE White
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPAT	TON 11b. KIND O	F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) b.  Joy	(Middle)	c. (Last) Brown	13. COLOR OR RACE White
14. AGE (At time of this birth)  19 YEARS  17. INFORMANT	Brule, Nebraska  Aling, Caldwell,	a. How many children are now living?	b. How many children were born alive but are now dead?	(Do NOT include this child) c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
X A		lard serological test i	or syphilis performed?	Yes No No 2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES none  20b. MATERNAL CAUSES Premature sep	earation of the	placenta,	
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SIGNATUR	ther MAD	D., miswife, or other)	23b. DATE SIGNED
on the date stated above at 1:30 m.	23c. ATTENDANT'S ADDRESS Boist Stake	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFICI.	
TION DEMOVAL (9	DATE 250. NAME OF CEM 1y 1–1952 Canyon H	IETERY OR CREMATORY	Caldwell, Idah	
9-29-52	ISTRAR'S SIGNATURE	26. PUNERAL DIST	Peckham Jakan	APREMapel
			Caldwell, Id	laho

PHS-797(VS) 4-48		SEP 1 9 195	2 (1949 Revi	sion of	Standard Certifica	te)		State File	No	<u> 350 - </u>
FEDERAL SECUR PUBLIC HEALTH SE	BVICE					RTH				
	יום	TAILAIG	S S	tate of	Idaho			Reg. Dist.	No. 57/.	<i>V</i>
1. PLACE OF S	TILLBIR				2. USUAL RESI	DENCE O			does mother l	live?)
a. COUNTY	4	da			a. STATE	Idaho	į	b. COUNTY	Ada	
b. CITY (If outside		nite, write RURAL and	give township)		c. CITY (If outside	corporate limi	te, write R	URAL and give	township)	
TOWN F	oise				TOWN B	oise				
c. FULL NAME O HOSPITAL OR INSTITUTION		ospital or institution, gi	ve street address or le	ocation)	d. STREET ADDRESS		, give loca	32nd	St.	
3. CHILD'S NA	ME				<u> </u>	<del></del>				
((Type or Print	) Be	by Boy F	ogerson							
4. SEX	5a. THIS E		!	5b. IF T	WIN OR TRIPLET (Thi	s child born)	6. DATE	OF (Mon BIRTH	th) (Day	7) (Year)
male	SINGLE 1		TRIPLET	1ST L	2ND	3RD	3110	9	7	52
7. FATHER'S NAME	_	a. (First)		b. (Midd	lle)	с. (	Last)		8. COLOR	OR RACE
		A mos		L.		]		rson	whi	
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S			11a. USUAL OCCUP	ATION	1			OR INDUSTRY
39	YEARS	Cottony	<u>vood, Id</u>	.a.	Grocerma			Foo		
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (	Last)		13. COLOR	OR RACE
NAME		Johnnie			rn		arr:		whi	
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8	tate or foreign count	ry)	16. CHILDREN PREV					<del></del>
34	YEARS	Petty	grew, Ar	k.	a. How many chil dren are now living	born aliv	many ci e but are none	hildren were now dead?	children v	any OTHER vere stillborn after 20 weeks
Å G . 2	1. 7	Ma enor	<b>~</b>		~			•	pregnancy)	one
18a. LENGTH OF PE	REG-   18b.	WEASHT AT BIRTH	19 Was a sta	brabae	serological test	for syph	ilis ne	rformed?		
39 WEEKS	NCY 5	LBS. 6 ozs.	Approxim						200	V36,1
CAUSE OF STIL	LRIETH	20a. FETAL CAUSES	3	-	show	fauto	<del></del>	•		7
State only morbid	conditions (	about	+ Fortal	o ne	ath (E. Ru	STURE	u	embra	ur )	probabl
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	NUSES de ma	1	agley	ma.	. —	4-4	- 10.	
Prematurity, Aspuy	III, etc.)	Me	earn's	Fa	Dra	en	<u>a</u>	Tota	dia	
21. STATE ANY COM	MPLICATION	IS OF PREGNANCY	AND LABOR		22. STATE ALL OPE	RATIONS FO	R DELIV	ERY TO	ve -	40,
Fortal a	LEa H	with to	renatur	, Ru	pt Bow	3da	D.	rop	to ou	Sex labor
I hereby certif		23a. ATTENDA	T'S SIGNAT	URE	(Specify if M	.D., midwife	, or other	r)	23b. DATE	
child who was be	orn dead	X / Dec	<u> </u>		und go	Tel D		TO OFFICE		ptember, 5
on the date state	ed above	23c. ATTENDANT'S			attended by	ATURE OF	AUTHORI	IZED OFFICIA	·I	IIILE
at	m.	620 Hays S		Dise	Physician Y OR CREMATORY	1954 100	ATION (	City, town, or	Acunty)	(State)
25a. BURIAL, CRE TION, REMOVAL (8p				_		280. LOC	ALION (		OULLLY)	•
Cremati		9/12/52		kes	Hospital	700	/ /	ROISO	DRESS	<u>Idah</u> o
DATE REC'D BY LO	REG. REG	ISTRAR'S SIGNATUR	- 111	1	20. FUNERAL DIREC	JUK	//.	_		Cadeal-
9-12-50	1 /	rujelle	- IUKN	us/	DETVEA	VODA	7./ Z	450		Latah_
		V			RELYEA	MORT	UNI	y 50	ise,	Idaho ———
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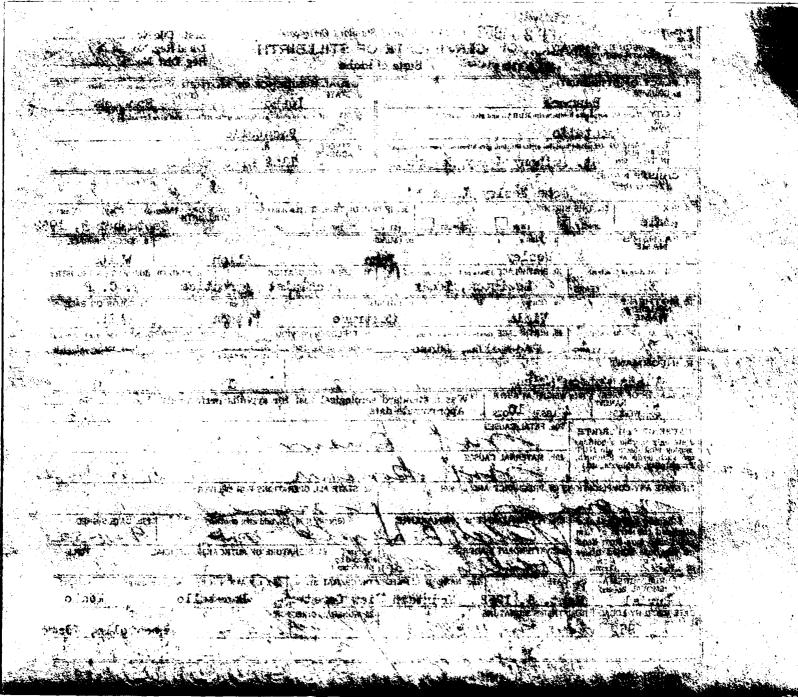
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE OCT 21  State of	Standard Certificate) OF STILLBIRTH Idaho	State File No
1. PLACE OF STILLBIRTH a. COUNTY /\dag{2}	2. USUAL RESIDENCE OF MO	THER (Where does mother live?) b. COUNTY ACA
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poise	c. CITY (If outside corporate limits, write IOR DOISE	RURAL and give township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Indes Hospital	d. STREET (II rural, give look ADDRESS 4305-Clark	stion) St.
3. CHILD'S NAME (Type or Print) Michael Lavid Swoot		
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born) 6. DATE STILL	OF (Month) (Day) (Year) LBIRTH Sept. 13, 1952
7. FATHER'S a. (First) b. (Midd A. Raymond Sweet	le) c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  27 YEARS Ittle Falls. Inn	11a. USUAL OCCUPATION Serv. Sta. Att.	IIb. KIND OF BUSINESS OR INDUSTRY Cil Company
12. MOTHER'S a. (First) b. (Midd NAME Patricia Jean Conway		13. COLOR OR RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (State or foreign country)  2.2 YEARS   Name a   Idaho	16. CHILDREN PREVIOUSLY BORN TO TI a. How many children are now living? b. How many children are now living? born alive but are	HIS MOTHER (Do NOT include this child)
Dette Conway - James His	dren are now living?   born alive but are	children were stillborn (born dead after 20 weeks pregnancy)?
WEEKS   6 LBS. // OZS.   Approximate day	serological test for syphilis pe	rformed? Yes 1 No. 2
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  None proven  20b. MATERNAL CAUSES  TAMAS	possibly Because ( Autopry	Curd tight around no
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  None whatever	22. STATE ALL OPERATIONS FOR DELIN	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	Specify if M. D., midwife, or other  If NOT attended by physician	1. 0-1653
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY Eurhal 9/15/52 Kohlerlawn	,	City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  10-15-52 Purtle talmen	The Dunglar Director	ADDRESS Nampa, Idahe
	Alsip Funeral Cha	

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PHS-797(VS) 4-48 FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	RECEI 1 195	7 (1949 Revision o	f Standard Certificat	e)	State File	No	<u> 153                                    </u>
FEDERAL SECURITY AGE	NEXULT TEINA	FRIFICATE	OF STILLBI	RTH	Local Reg	. No	7
DI	VISION	State of	f Standard Certificat OF STILLBII of Idaho		Reg. Dist.	No370	, 
1. PLACE OF STILLBIR	TH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live	7)
a. COUNTY	da		STATE	laho	b. COUNTY	Ada	
b. CITY (If outside corporate li OR	imits, write RURAL and a	ive township)	c. CITY (If outside o		RURAL and give	township)	
TOWN Botise			TOWN	Boise			
c. FULL NAME OF (If not in HOSPITAL OR			d. STREET ADDRESS	(If rural, give lo	cation)		_
INSTITUTION St	• Alphons	18		411 Jea	n St/		
3. CHILD'S NAME							
((Type or Print)	Baby (	irl Luscon	nbe				
4. SEX 5a. THIS			TWIN OR TRIPLET (This	child born) 6. DA	FE OF (Mont	h) (Day)	(Year)
Flame la SINGLE	z TWIN	TRIPLET 1ST	□ 2ND □	3RD SII	9	23	52
7. FATHER'S NAME	a. (First)	b. (Mie	idle)	c. (Last)		8. COLOR OR	RACE
	William		hyd!	Lus	combe	whi	Lte
9. AGE (At time of this birth)	10. BIRTHPLACE (St.	ste or foreign country)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
27 YEARS	Boise.	Idaho	Line Dr	river	Trai	aports	
12. MOTHER'S MAIDEN	a. (First)	b. (Mi	ddle)	c. (Last)		13. COLOR O	R RACE
NAME	Wilhelm	enia Am	elia Var	nderlind	en	white	
14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (		
24 YEARS	<u>Meridi</u>	an	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead aft	7 OTHER a stillborn
17. INFORMANT	G = II			1		(born dead aft pregnancy)?	er 20 weeks
·W. A. Su	reamber		none	none		none	<del>}</del>
MANIOU	WEIGHT AT BIRTH		d serological test	for syphilis p	erformed?	Yes.	No
34 WEEKS 5		Approximate d	ate.	<del> </del>	<del> </del>	<u> 439</u>	6
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	1. Data		,		1	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	nos		rmined	<u> </u>			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA		,	j			
	1 //0	<u> </u>	NMINER	·		<u> </u>	
./ // 🛕	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER		.IVERY		
RH Mega	tive 140	they	1 //	ne.			
I hereby certify that I	23a. ATTENDAN	T'S SIGNATURE	7	D., midwife, or otl	ber)	23b. DATE SIG	SNED
attended the birth of this child who was born dead	Max	Dud	nunden		i	10-2	-52
on the date stated above	23c ATTENDANT'S	PORES /	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at m.	Jaise 5	xaolio	physician			<u></u>	
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETE		25d. LOCATION	(City, town, or	county)	(State)
Burial	9/27/52	Cloverds	le	D Boise	3/	Ida	ho
DATE REC'D BY LOCAL REG.	ISTRAR'S SIGNATURE	$\mathcal{L}_{a}$ .	26. FUNERAL DIRECT	TOR /	AD	DRESS	
10-2-52	lyetle	Talmer	1 Juna ?	el (1.	1 3	US EA	
			RELYEA M	ORTUA RY	- Bo	Yse. I	daho
	<del></del>	···	<del>-                                    </del>				

RECEIVE	,		·
PHS-797(VS) SEP 2 3 1952 (1949 Revision of	Standard Certificat	e) State File	No.
FEDERAL SECURITY ACRYSION OF CERTIFICATE	OF STILLBI	RTH Local Reg	No. 287
State o	f Idaho	Reg. Dist.	No.5/0
1. PLACE OF STILLBIRTH	2. USUAL RESIE	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY Bennock	a. STATE	aho b. COUNTY	Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside o	orporate limits, write RURAL and give	
TOWN Pocatello		ocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR HOSPITATION St. Anthony Mercy Hospital	d. STREET ADDRESS	(If rural, give location) LOS East Poplar	
3. CHILD'S NAME ((Type or Print)  John Wesley Allen			
	TWIN OR TRIPLET (This	child born) 6. DATE OF (Mon	th) (Day) (Year)
male single X Twin Triplet Ist	2ND	STILLBIRTH	eptember 3, 1952
7. FATHER'S a. (First) b. (Mid-	ile)	c. (Last)	8. COLOR OR RACE
177	hn	Allen	White -
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1	BUSINESS OR INDUSTRY
32 YEARS Lewiston, Idaho		st Apprentice	N. O. P
12. MOTHER'S a. (First) b. (Mid-	•	c. (Last)	13. COLOR OR RACE
	rtrude	Watson	White
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)		OUSLY BORN TO THIS MOTHER (b. How many children were	
27 YEARS Pocatello, Idaho	a. How many children are now living?	born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Viola Watson Allen	2	0	pregnancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH   19 Was a standard	semiogical test	or syphilis performed?	Yes ZNo
34 WEEKS 4 LBS. 10ozs. Approximate da	te.	or sypams performed;	1139.6
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	)		
State only morbid conditions causing fetal death (do NOT	news	~	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
- nn 12	noun		- <u></u>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
me	1 mg	me	
I hereby certify that I 23 ATTENDANT'S SGNADURE attended the birth of this	(Specify if M., I	)., midwife, or other)	23b. DATE SIGNED
child who was born dead	INOT   24 SIGNA	$m_{\bullet}\omega$ .	7-11-52
on the date stated above \$250 ATTENDANT'S ADDRESS at 4,245 A. m. ( ) College . elle	attended by physician	TURE OF AUTHORIZED OFFICIA	L TIFLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (Specify)	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burial Sept. 6, 1952 Mountain	liew Cemeter	y Pocatello	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL DIRECT	OR AD	DRESS
Es 19 1952 bva m. Wallin	Karp /2	enderson Po	catello, Idaho
· <b>l</b>		•	



PHS-797(VS)	EIVE (1949 Revision of	Standard Certificat	e)	State File	No. 255	
PUBLIC HEALTH SERVE VIC. 60 1050CERTIFICATE OF STILLBIRTH						
	OF VISCORE OF	Idaho		Reg. Dist.	No	
1. PLACE OF STILLBIRTH	BTICH	2. USUAL RESID	ENCE OF MO		e dose mother live?)	
Bannock		a. STATE Idaho b. COUNTY Bannock				
b. CITY (If outside corporate llimits, write	RURAL and give township)	c. CiTY (If outside of		RURAL and give	s township)	
TOWN Pocatello			catello			
c. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION Bannock N	mentitution, give street address or location)  Memorial Hospital	d. STREET ADDRESS 72:	off rural, give to West C			
3. CHILD'S NAME ((Type or Print)	Violet Marie Jo					
4. SEX 5a. THIS BIRTH	.5b. IF T	WIN OR TRIPLET (This	hiki born) 6. DAT	E OF (Mon	th) (Day) (Year)	
	TWIN TRIPLET IST	2ND	3RD STI	LBIRTH CAROLI	ember 15, 1952	
7. FATHER'S a. (Fin	st) b. (Midd	le)	c. (Last)		8. COLOR OR RACE	
		llen	Johnso	on	Vhite	
9. AGE (At time of this birth) 10. BIR7	THPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION .	11b. KIND OF	BUSINESS OR INDUSTRY	
	ahoma City, Okla.	Laborer		Si	<u>imolot</u>	
12. MOTHER'S a. (Fir. MAIDEN NAME	, , , , , , , , , , , , , , , , , , , ,	le)	c. (Last)		13. COLOR OR RACE	
lda	THPLACE (State or foreign country)		Cure		White	
!		a. How many chil-			Do NOT include this child) c. How many OTHER	
2.7 YEARS TW	in Fall, Idaho	dren are now living?	b. How many born alive but a	e now dead?	children were stillborn (born dead after 20 weeks	
Ida Johnson, N	Mother	Two	None	_	pregnancy)? None	
18a. LENGTH OF PREG-   18b. WEIGHT						
38 WEEKS 8 LBS. 6	うき ozs.   Approximate dat	te.	or sypamas p	eriorined (	V.36,2	
CAUSE OF STILLBIRTH State only morbid conditions	TAL CAUSES	lend &	2.41	l I		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	TERNAL CAUSES	- portal	- auto-	~ au		
Prematurity, Asphyxia, etc.)	remature sep	arations	placue	as flo	ed Clot	
21. STATE ANY COMPLICATIONS OF PRI	EGNANCY AND LABOR	22. STATE ALL OFER	TIONS FOR DELI	VERY		
- Coo u		-20	ne			
attended the birth of this child who was born dead	TENDANT'S SIGNATURE	(Specify if M. P	., midwife, or oth	er)	23b DATE SIGNED	
on the date stated above at 2. A.m.		If NOT 24. SIGNAT physician	TURE OF AUTHOR	RIZED OFFICIAL	. TITLE	
25a. BURIAL, CREMA- TION REMOVAL (Specify)  SEPT 15	25c. NAME OF CEMETERY		POSTELL	$\rho$	county) (State)	
SEP 2 5 1952 REGISTRAR'S	SIGNATURE Wallin.	26. FUNERAL DIRECT	Man		oculilla Sola	
	7		· · · · · · · · · · · · · · · · · · ·	1		

A STATE OF THE PROPERTY OF STREET BOOK OF THE PROPERTY OF THE the standard perduplical upp for a standard pre-

PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SE	ITY AGEI RVICE	11111	VF 1957 OF V	(1949 Revision of DEATIFICATE CS State of	Standard Certificat OF STILLBIF	€) RTH	State File Local Reg Reg. Dist.	No. 307
1. PLACE OF ST			19	- Diale (	2. USUAL RESID	ENCE OF M	OTHER (When	e does mother live?)
a. COUNTY B	annoc	k		-	a. STATE Idal	10	P. COUNTA E	annock
b. CITY (II outside OR TOWN P	ocate		tAL and g	ive township)	c. CITY (If outside of OR TOWN POCE	orporate limits, wri	te RURAL and give	e township)
				y Hospital	d. STREET ADDRESS	(If rural, give )		
3. CHILD'S NAM ((Type or Print)	ME			John Cuinn.		7 17 110.1 1	. 15011	
4. SEX Male	5a. THIS I	BIRTH			TWIN OR TRIPLET (This	shild born) 6. DA	TE OF (Mon	th) (Day) (Year) thember 21, 1952
7. FATHER'S NAME		a. (First)		b. (Mid		c. (Last)		8. COLOR OR RACE
		Marc		Jo	hn.	Quir	ın	white
9. AGE (At time of thi	birth) YEARS	10. BIRTHPL Basal	_	te or foreign country) daho	11a. USUAL OCCUPAT	LION	116. KIND OF UPRR	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN		a. (First)		b. (Mid	dle)	c. (Last)	<u></u>	13. COLOR OR RACE
NAME		Paulin		Mor	na	Kump		white
14. AGE (At time of this	e birth)	15. BIRTHPL	ACE (Sta	te or foreign country)				Do NOT include this child)
34. 17. INFORMANT	YEARS	Shel	ly,	<u>Idaho</u>	a. How many children are now living?	b. How many born alive but	children were are now dead?	c. How many OTHER children were stillborn
Pauline	Qu <b>i</b> n	n	(mot	her)	4		0	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PRE NAN 40 WEEKS	G- 18b. CY 6	WEIGHT AT B		<sup>19</sup> Was a standard Approximate de	serological test i	or syphilis	performed?	Yes No. No. No. No. No. No. No. No. No. No.
CAUSE OF STILL State only morbid of	onditions	20a. FETAL	CAUSES	CEribral	anoxia	<u> </u>		7
causing fetal death (use such terms as 8 Prematurity, Asphyxi	tillbirth, la, etc.)	20b. MATER	NAL CAL	( - <del></del>	Seconder	to h	Emont	has
21. STATE ANY COMP Partial Pr marginal		wor se		ID LABOR PLOSEN	22. STATE ALL OPER	ATIONS FOR DE	LIVERY	7
I hereby certify attended the birth	that I of this	23a ATTE	NDAN'	T'S SIGNATURE	(Specify if M. I	O., midwife, or ot	her)	23b. DATE SIGNED 26 SENT'52
child who was bor on the date stated at <u>P</u> .		23c. Aftend Poca	ANT'S A	DDRESS John.	<del>,</del>	TURE OF AUTHO	ORIZED OFFICIA	
25a. BURIAL, CREM TION BEMOVAL (Speci	A- 25b.	DATE 22,	95'2	25c, NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	County) (State)
DATE REC'D BY LOC		STRAR'S SIGI	NATURE	allin	26. FUNERAL DIRECT		- 40	DRESS IN H
		va ra			· secent		ming	Poxalella (ch

AND THE STORY OF THE STORY de de mai New Part State of the State of The second second The second secon to make a language of the second at the The second of the second secon the property of the party of the contract of t the tracket safety was a south and the safety of the safet wester the trees A-11- Mary Mary Construction to the to CHICA STRO ALL Posterior Newson in the Control of t

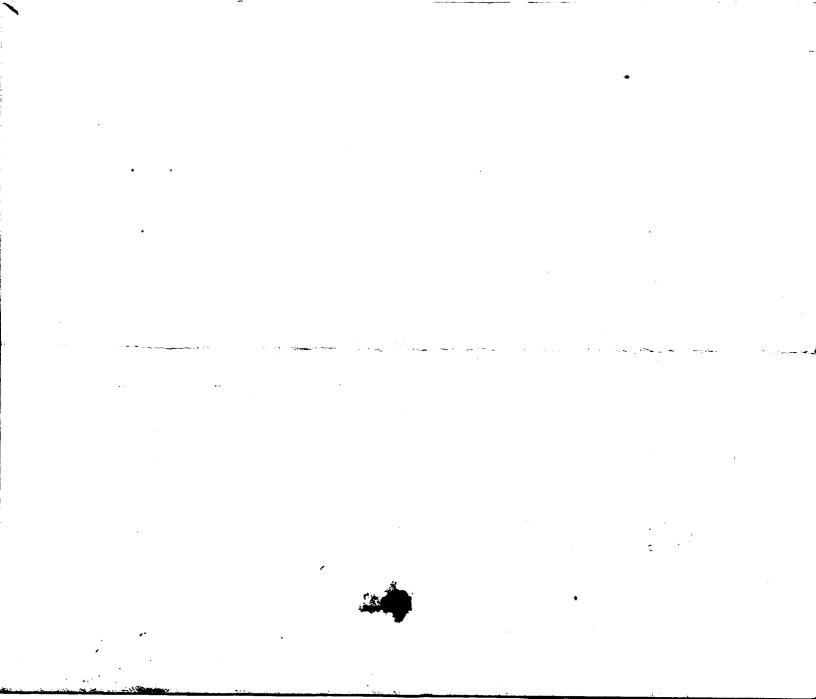
PHS-797(VS) 4-48	1	RECEIVE.	(1949 Revision of	Standard Certificate	e)	State File	No.	
4-48 FEDERAL SECURI	TY AGE	0 1000	CERTIFICATE	ision of Standard Certificate)  State File No				
FEDERAL SECURI PUBLIC HEALTH SEI	"' <del>o</del> ivi	SIU, OF VI	State of	Idaho		Reg. Dist.	No	
1. PLACE OF ST a. COUNTY		NNER	AL	2. USUAL RESID a. STATE IDA		THER (Where b. COUNTY B	does mother live?) OUNDRY	
b. CITY (If outside OR TOWN SIX		mits, write RURAL and	give township)	c. CITY (If outside of OR TOWN NA	PLES	RURAL and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in I	hospital or institution, gi	SPITAL	d. STREET ADDRESS	(If rural, give los STREET	ADDRE	SS	
3. CHILD'S NA						<del> </del>		
((Type or Print)	, Ind	ANT BOY	LATHROP					
4. SEX	5a. THIS		,5b. IF 1	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	h) (Day) (Year)	
MALE	SINGLE		TRIPLET 1ST	2ND	3RD	9.	<u>- 28-1952</u>	
7. FATHER'S NAME		a. (First)	b. (Mide	•	c. (Last)		8. COLOR OR RACE	
	ERNE	est	J.	LA'	THROP		WHITE	
9. AGE (At time of the	is birth)		tate or foreign country)	11a. USUAL OCCUPAT	rion		BUSINESS OR INDUSTRY	
34	YEARS	OREGON		Farmer		Farmin	g	
12. MOTHER'S MAIDEN		a. (First)	b. (Mid-	ile)	c. (Last)		13. COLOR OR RACE	
NAME	MA	XINE	D	. McFa	rland		WHI TE	
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (	Do NOT include this child)	
34 17. INFORMANT	YEARS	WESHING	PRON	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks	
Ernis	1	. Lat	twoh	4	NONE	.	pregnancy)?	
18a. LENGTH OF PR		WEIGHT AT BIRTH	<sup>19</sup> Was a standard	serological test f				
NAN <b>3 V</b> WEEKS		twoighton	Approximate da	te 5//6	652		V39.6	
CAUSE OF STILI		20a. FETAL CAUSES	3			_	<del>y                                    </del>	
State only morbid of	onditions	Intr	a uterine	death -c	ause i	unka	own	
causing fetal death use such terms as f	(do NOT Stillbirth,	20b. MATERNAL CA			<del></del>	<del></del>		
Prematurity, Asphyx	da, etc.)							
21. STATE ANY COM	PLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
I hereby certify attended the birth	of this	23a. ATTENDAN	TE SIGNATURE	(Specify if M. I	midwife, or oth	ier)	23b. DATE SIGNED 10/3/ムーン	
child who was bo on the date state at 9:58.19		Sand point		If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIAL	L TITLE	
25a. BURIAL, CREM	1A- 25b.	DATE 9-30-52	25c. NAME OF CEMETER PINEOREST	Y OR CREMATORY CEM	25d. LOCATION SANDPO		county) (State)	
DATE REC'D BY LOO	CAL REG	ISTRAR'S SIGNATUR	E miles	26. FUNERAL DIRECT		DPOINT	DRESS IDAHO	
			7		A STATE OF THE STA			

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RECEIVE	1.00
	of Standard Certificate) State File No.
	E OF STILLBIRTH Local Reg. No. /7 7
LODGIC NEXTILL SERVICE 14 C	e of Idaho Reg. Dist. No. 6/0
1. PLACE OF STILLBURTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY Boyavelle	a. STATE Islando b. COUNTY Franche
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN  Jalel Falls	C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. FULL NAME OF (If not in temptal or institution, give street address or location HOSPITAL OR INSTITUTION	n) d. STREET (If rural, give location) ADDRESS 245
3. CHILD'S NAME (Type or Print) Baly Sul	Christensen
	IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
	44.11,1700
NAME Sal Sau	Middle)  c. (Last)  8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  YEARS	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
	Middle) C. (Last) 13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	M. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
29 YEARS Preston Island	a. How many children were c. How many OTHER dren are now living? born alive but are now dead? children were stillborn
17. INFORMANT Callenter Treston Ilea	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREGNANCY NANCY WEEKS 18b. WEIGHT AT BIRTH 19 Was a standar Approximate	date / / / / / / / / / / / / / / / / / / /
CAUSE OF STILLBIRTH State only morbid conditions	1/5= 1/56/6
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
abriptio placenta	Cesareas Section
I hereby certify that 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. In., midwife, or other)  23b. DATE SIGNED
on the date stated above at	ATMOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETI	TERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
Sept. 26-1952 lama Bidges	Slesses Kilens Suns
	21

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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY OF CERTIFICATE PUBLIC HEALTH SERVICE DIVISION OF CERTIFICATE	Standard Certificate	State File	No. 108
FEDERAL SECURITY AGENCY OF CERTIFICATE PUBLIC HEALTH SERVICE DIVISION OF CERTIFICATE State of	OF STILLBIF	TH Local Reg	. No
State of	Idaho	Reg. Dist.	No. 36.2
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	a dosa mathar lime?)
a. COUNTY	a. STATE	b. COUNTY	_
b. CITY (If outside corporate limits, write RURAL and give township)	C CITY (If outside on	Porate limits, write RURAL and give	Canyon
OR TOWN	TOWN		township)
C. FILL NAME OF (If not in bounded as invitation give street address or levelus)	d. STREET	(If rural, give location)	
HOSPITAL OR	ADDRESS		0
3. CHILD'S NAME	12	216 12th Ave.	<u>So</u>
(Type or Print)			
	NSTONE	10 2455 05	
	WIN OR TRIPLET (Tb≟se	STULBIRTY	, , , , , , , , , , , , , , , , , , , ,
7. FATHER'S a. (First) b. (Middle)		яр 🔲 і Бер	t., 19, 1 <b>9</b> 52
7. FATHER'S a. (First) b. (Middi NAME	16)	c. (Last)	8. COLOR OR RACE
Leonard	John:	stone	<u> </u>
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
32 YEARS Nampa Idaho	Laborer		
12. MOTHER'S a. (First) b. (Middle MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME DEPORTE		nith	W
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (	(Do NOT include this child)
23 YEARS Nampa, Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	-		(born dead after 20 weeks pregnancy)?
		•	-
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19. Was a standard	serological test f	or syphilis performed?	YesNo
WEEKS LBS. OZS. Approximate dat	e.	•	a V39,6
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		100	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	m-	valvy he	d Klen
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES		0	5.0
Trematurey, Asphyria, 660.)	acres	y aans.	muce Makeson
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR THE VERY	
/ Mare		· M	ng .
I hereby certify that I 23a. ATTENDANT'S SIENATURE	(Specify if M. I	., midwife, or other	23b. ATE SIGNED
attended the birth of this child who was born dead	hnap	MIN ST	Sept 19:52
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT   2 SIGNAT	URE OF AUTHORIZED OFFICIA	L TITLE
at m.	attended by physician		
25a. BURIAL, CREM A- 25b. DATE 25c. NAME OF CEMETERY TION, REMOVAL (Specify)	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Buriel 9/25/82 Kohler awn	Cemetery	Nampa.	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO		DRESS
Ich. 10. 452 Mis Jane Stock	X III	EdmundoN	ampa. Idaho
The second of th	)		amhat - Aarra
V	Lewis Edmi	inds Mortuary	



- <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del>	RECEIVE	:			***		_
PHS-797(VS) 4-48	SEP 1 6 1952	(1949 Revision of	Standard Certificate	e) <u>s</u>	tate File !	No. 17	Ω
FEDERAL SECURITY	AGENCY OF A	<b>ERTIFICATE</b>	OF STILLBIF	TH I	ocal Reg.	No. 40	
PUBLIC HEALTH SERVICE	STATISTIC	State of	Idaho	F	leg. Dist. 1	No	
1. PLACE OF STILL	BIRTH		2. USUAL RESID			does mother live?)	•
a. COUNTY	anyon		a. STATE 70	aha b.	COUNTY	Adas	
b. CITY (If outside sorpo	rate limits, write RURAL and gi	ve township)	c. CITY (If outside or	rporate limiter, white RU	RAL and give	township)	-
OR TOWN Cal	dwell Id	cho	OR TOWN	Do15	01		
c. FULL NAME OF IT INSTITUTION	not in hospital or institution, give	$\cdot$ , $//$	d. STREET ADDRESS	(If rural, give location	OE)	8TreeT	-
3. CHILD'S NAME	awe / / ///emor	ia   Hospita	0/	6 /Va. 3	0.3 0	1164	:
(Type or Print)	Taura 4 14 1	, , , , , , , , , , , , , , , , , , ,		1/2	1T		
t oru	Janet Marie		<u> </u>	1140			
4 SEX / 5a. T	THIS BIRTH	.5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE (	Monti	h) (Day) (Year)	
<del></del>	GLE L4 TWIN L	TRIPLET 1ST		3RD L	Depte	mbeiz 9, 195	2_
7. FATHER'S NAME	a. (First)	b. (Midd	lle)	c. (Last) .	, -	8. COLOR OR RACE	-
	Talph	<i>P</i> .		N4 9015	/	WhiTe	
9. AGE (At time of this birth	b) 10 BIRTHPLACE (81	te or foreign country)	11a. USUAL OCCUPAT	ION U	KTRO OF	BUSINESS OR INDUSTRY	· *
54 YE	ars dalt La	Ke. Utah	Cook		Kes Ta	urant	
12. MOTHER'S MAIDEN	a. (Eist)	b. (Midd	le)	(c. (Last)		13. COLOR OR RACE	3
NAME	Jorey	ree Mi	1 M	Swinne	21	White	
14. AGE (At time of this birth	15. PHRTHPLACE (8t	te or for n country)	16. CHILDREN PREVIO			Oo NOT include this child	5
<i>38</i> ye	ARS Grittord	Nontana	a. How many children are now living?	b. How many chil born alive but are n	dren were	c. How many OTHER children were stillborn	
17. INFORMANT	de	, a .1	dien are now nymg:	DOLLI SELVE DEL SIGLI	.ow dead?	(born deed after 20 weeks pregnancy)?	
Malah	+ Bungi	it talle	v 5	0		pregnancy);	
18a. LENGTH OF PREG-	18b. WEIGHT AT BYRTH	<sup>19</sup> Was a standard	carological test f	or synhilis nor	ormed 2 /	Yes No 4	1
NANCY WEEKS	LBS. OZS.	Approximate da	te	- O Do D		9-7-4	-34
	20. FETAL CAUSES		Marian	x ou	<u> </u>	7 / - / - 5	
CAUSE OF STILLBIR'State only morbid condit	ions				/	y 36,6	
causing fetal death (do Nuse such terms as Stillbi	OT 20b. MATERNAL CAU	ISES A		<del></del>			•
Prematurity, Asphyxia, et	c.)		10-	1	-		
21. STATE ANY COMPLICA	ATIONS OF PRESINANCY A	DALABOR	22. STATE ALL OPER	ATIONS FOR DELIVE	RY		•
1. 1 24	1 /10. 4	lengrika		•			
A TOTAL OF THE PARTY OF THE PAR	at 1 23a. ATPENDAN	T'S SIGNATURE	/Opender # 35 T	o., mistrie, or other)	<del></del>	23b. DATE SIGNED	
Ubereby certify that attended the birth of t	" •   ' // /	SSIGNATURE	(opecity if M. I	o., maryine, or other)	11	20. DATE SIGNED	_
child who was born d	ead	- Leve	THE STATE OF THE S		1	<u>7 - 1 5 - 5</u>	
on the date stated ab		OD Sola	If NOT 24. SIGNA' attended by physician	TURE OF AUTHORIZ	ED OFFICIAL	. TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25d NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (CI	ty, town, or c	ounty) (State)	;
Burial	Sept. 9-1952	Canyon Hill		Caldwell	. Idah	<b>1</b>	
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	ØR /		ORESS	•
9/19/5-2 REG.	Janes mal	nman		11 en	tali s	Caldwell,	Idah
1/1/0/00	James - July	TV II WY	•	10-20	- pro	<del></del>	
	<i>V</i>						
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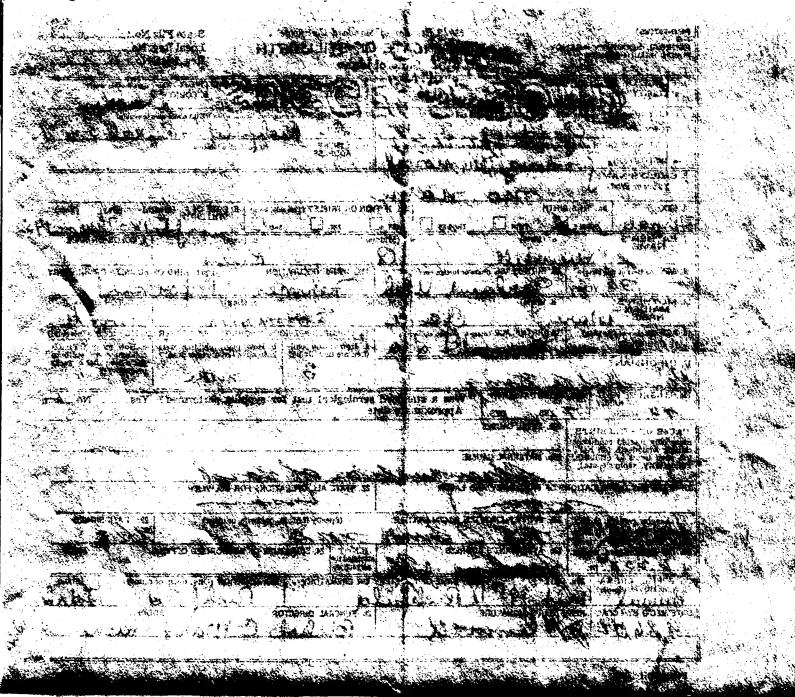
PHS-797(VS) 4-48	MECEIVE	1949 Revision of	Standard Certificate	:)	State File	No	7.1
FEDERAL SECURITY AGE	NCYOCT 6 1951	RTIFICATE	OF STILLBIR	RTH	Local Reg	. No	0_
PUBLIC HEALTH SERVICE	DIVISION OF VI	TAL State of			Reg. Dist.	No	<i>Q</i>
1. PLACE OF STILLBIF	RTH STATISTIC	0	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	<del></del>
a. COUNTY	NYON	<u>.</u>	a STATE	AHO	b. COUNTY	CANYO	
b. CITY (If outside correctate li	imits, write RURAL and give to	wnship)	C. CITY (If outside so	rporate limits, write	RURAL and give	township)	<del></del>
TOWN CAL	DWELL		TOWN C	ALDWEL	۸		
c, FULL NAME OF (If not in HOSPITAL OR INSTITUTION	hospital or institution, give stre	et address or location)	d. STREET ADDRESS	(If rural, give loo		57	
3. CHILD'S NAME		7					
((Type or Print)	Aby Giec	Pasley					
4. SEX 5a. THIS		.5b IF T	WIN OR TRIPLET (This of	hild born) 6. DAT	E OF (Mont	th) (Day)	(Year)
Female SINGLE	TWIN L TI	RIPLET   1ST		3RD	Sebi	t. 25,	1952
7. FATHER'S NAME	a. (First)	b. (Midd	•	c. (Last)	1	8. COLOR OR I	RACE
	KAYMOND	CAR	TER	PASIE	y JR.	white	•
9. AGE (At time of this birth)	10. BIRTHPLACE (State or	foreign country)	11a. USUAL OCCUPAT			BUSINESS OR I	NDUSTRY
29 YEARS	CALDWELL .	I DAHO	MERCHAN	1	DEPAI	erment	STORE
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	_
NAME	HELEN		RKWOOD	BA		Wh:	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	foreign country)	16. CHILDREN PREVIO				
	WILDER I	DAHO	a. How many chil- dren are now living?	<ul> <li>b. How many born alive but as</li> </ul>	children were e now dead?	c. How many children were	stillborn
17. INFORMANT	sley la		4	0		(born dead after pregnancy)?	20 weeks
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTIE 19.	Vas a standard	serological test f	or syphilis p	erformed?	Yes.	Jo
39 WEEKS	LBS. OZS.	Approximate da		652			13
CAUSE OF STILLBIRTH	20a. FETAL CAUSES			Δ .	_	/	
State only morbid conditions	Namal	develop	mendel	Sall	Les.		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)	20b. MATERNAL CAUSES		Y		•		
	1 / right			<u> </u>			
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND L	ABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
Threaten	ee about	ian	sent	منحد			· · · · ·
I hereby certify that I	23a. ATTENDANT'S	SIGNATURĘ	(Specify if M. I	)., midwife, or oth	er)	23b. DATE SIGN	ED
attended the birth of this child who was born dead	AI	Dunary		ma Di		25/	A Co
on the date stated above	23c. ATTENDANT'S ADDE	ESS J	If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIA	L,	HILE
at 944 Am.	Caldre	ee	physician		1		
25a. BURIAL, CREMA- 25b. TIQN, REMOVAL (Specify)	DATE 25c.	NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	City, town, or	county)	(State)
Burial Se	pt. 26,1952 (	Canyon Hill	/ i	caldwell	, Idaho		
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE		26. FUNERAL DIRECT	Peckham-	Daken C	nesel	
10/1/52 0	mes male	man	0/1	1/a	Carl	/ 	
/ /	()			CTTTMETT	., raano		

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4-48	RE (1949 Revision of	Standard Certificate)	State File	No. 372
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CY CET 1 6 CERTIFICATE	OF STILLBIRTH	Local Reg	. No
PUBLIC HEALTH SERVICE	DIVIDION OF VITAL State of	Idaho	Reg. Dist.	No.5.20-52/
1. PLACE OF STILLBIR	TH SIRIU-	2. USUAL RESIDENCE O	F MOTHER (When	does mother live?
and	son	a. STATE	b. COUNT	antake
b. CITY (If outside corporate lis	mits write RURAL and give township)	c. CITY (If outside corporate limit	s, write RURAL and give	township)
TOWN John	the a dolo	TOWN TOWN	0. 7	/_/_
c. FULL NAME OF MI not inch	grung survivo .	- 10100	ur sa	ano.
HOSPITAL OR INSTITUTION	nospital or institution; give street address or location)	d. STREET AT rural,	, give location)	
3. CHILD'S NAME			<del></del>	···
((Type or Print)	Cla Tainta	_		
	any ouringer	<u> </u>		
4 SEX 5a. THIS I	SIRTH 55b. IF T	WIN OR TRIPLET (This child born)	6. DATE OF Mon	th) (Day) (Year)
Male SINGLE	TWIN TRIPLET I IST	2ND 3RD	JIII DIKI	11 1952.
7. FATHER'S	a./(First) b. (Midd		ast)	8. COLOR OR RACE
NAME	Villiam I	Laury	tour	Whit.
9. AGE (At time of this birth)	10 SIRTHPLACE (State or foreign country)	USUAL OCCUPATION	11b, KIND OF	BUSINESS OR INDUSTRY
3/ YEARS	Logan What.	Bus Operato	2	
12. MOTHER'S	Da. (First) b. (Midd	lie) / c. (I	ast) ,	13, COLOR OR RACE
MAIDEN NAME	aleen Lase	l //	1	111
14. AGE (At time of this birth)	15. SIRTHPLACE (State or foreign of intry)	16. CHILDREN PREVIOUSLY BOR	N TO THIS MOTHER	Do NOT include this shifts
2	All Control of the Co			
YEARS,	southland wills	dren are new living?   born alive	many children were but are now dead?	c. How many OTHER children were stillborn
y. INFORMANT	·// · //	71		(born dead after 20 weeks pregnancy)?
men y	and See	work n	one	None
18a. LENGTH OF PREG- 1 18b.	WEIGHT AT BIRTH 19 Was a standard		Us southern de	
NANCY	was a standard	serological test for syphi	ins periormed?	139,5
				V 3.113
4/ WEEKS	LBS. OZS.   Pippidamizate da	+el 1952		<del>- 11.5</del>
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	+ sh 1952		<del>- y 5 1, 5</del>
CAUSE OF STILLBIRTH	LBS. OZS.   Pippidamizate da	- + el 1952		7 7 7 7
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth.	20a. FETAL CAUSES  Unknown	- + 14 193 L		7 3 7.3
CAUSE OF STILLBIRTH	20a. FETAL CAUSES Unicuous	- + 14 193 L		7 7 7 5
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)	20a. FETAL CAUSES  Unknown	- + 14 193 L	R DELIVERY	7 7 7 5
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)  21. STATE ANY COMPLICATION	20a. FETAL CAUSES  Unlesses  20b. MATERNAL CAUSES  Hydrams	Lies    22. STATE ALL OPERATIONS FO	R DELIVERY Section	<del></del>
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATION  Hydia	20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  Hydrami  S OF PREGNANCY AND LABOR	Lies    22. STATE ALL OPERATIONS FO	Section	23b. DATE SIGNED
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this	20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  Wyllami  NS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FO	Section	
CAUSE OF STILLBIETH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead	20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  Wydramus  S OF PREGNANCY AND LABOR  23a. ATTENDANT'S SIGNATURE	22. STATE ALL OPERATIONS FO  Classes  (Bpecify If M. D., midwife  Light M. D. M.	Section or other)	23b. DATE SIGNED  1/ Sept 52
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this	20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  Wydramus  S OF PREGNANCY AND LABOR  23a. ATTENDANT'S SIGNATURE  23c. ATTENDANT'S ADDRESS	22. STATE ALL OPERATIONS FO  (Specify If M. D., midwife  If N Opt 24. SyGNATURE OF A	Section or other)	23b. DATE SIGNED  1/ Sept 52
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	206. MATERNAL CAUSES  206. MATERNAL CAUSES  Wyllami  206. MATERNAL CAUSES  Wyllami  236. ATTENDANT'S SIGNATURE  236. ATTENDANT'S ADDRESS  Sade Springs, Sla	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NOM  If NOM  24. SEGNATURE OF A  attended by physician	Section , or other) MI AUTHORIZED OFFICIA	23b. DATE SIGNED  // Sept 52 L TITLE
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  Wydramus  S OF PREGNANCY AND LABOR  23a. ATTENDANT'S SIGNATURE  23c. ATTENDANT'S ADDRESS	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NOM  If NOM  24. SEGNATURE OF A  attended by physician	Section or other)	23b. DATE SIGNED  // Sept 52 L TITLE
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	206. MATERNAL CAUSES  206. MATERNAL CAUSES  Wyllami  206. MATERNAL CAUSES  Wyllami  236. ATTENDANT'S SIGNATURE  236. ATTENDANT'S ADDRESS  Sode Springs, Slu	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NOM  If NOM  24. SEGNATURE OF A  attended by physician	Section or other) MI AUTHORIZED OFFICIA SHON (City, town, or	23b. DATE SIGNED  // Sept 52 L TITLE
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at  ESG BURIAL CREMA- THON, REMOVAL (Specify)	206. MATERNAL CAUSES  206. MATERNAL CAUSES  Wyllom  206. MATERNAL CAUSES  Wyllom  236. ATTENDANT'S SIGNATURE  236. ATTENDANT'S ADDRESS  John Me of Cemeter  24. 12 52 Jahn Me of Cemeter  25. 12 52 Jahn Me of Cemeter	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NO 24. SIGNATURE OF A strended by physician  OR CREMATORY 25d. LOC  PRINTY 25d. LOC	Section or other) MI AUTHORIZED OFFICIA SHON (City, town, or	23b. DATE SIGNED  // Sept 5 2  L. TITLE  pointy) (State)
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at  ESG BURIAL CREMA- THON, REMOVAL (Specify)	206. MATERNAL CAUSES  206. MATERNAL CAUSES  Wyllami  206. MATERNAL CAUSES  Wyllami  236. ATTENDANT'S SIGNATURE  236. ATTENDANT'S ADDRESS  Sode Springs, Slu	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NOM  If NOM  24. SEGNATURE OF A  attended by physician	Section or other) MI AUTHORIZED OFFICIA SHON (City, town, or	23b. DATE SIGNED  // Sept 52 L TITLE
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyria, etc.)  21. STATE ANY COMPLICATION  I hereby certify that I attended the birth of this child who was born dead on the date stated above at	206. MATERNAL CAUSES  206. MATERNAL CAUSES  Wyllom  206. MATERNAL CAUSES  Wyllom  236. ATTENDANT'S SIGNATURE  236. ATTENDANT'S ADDRESS  John Me of Cemeter  24. 12 52 Jahn Me of Cemeter  25. 12 52 Jahn Me of Cemeter	22. STATE ALL OPERATIONS FO  (Specify if M. D., midwife  If NO 24. SIGNATURE OF A strended by physician  OR CREMATORY 25d. LOC  PRINTY 25d. LOC	Section or other) MI AUTHORIZED OFFICIA SHON (City, town, or	23b. DATE SIGNED  // Sept 5 2  L. TITLE  pointy) (State)

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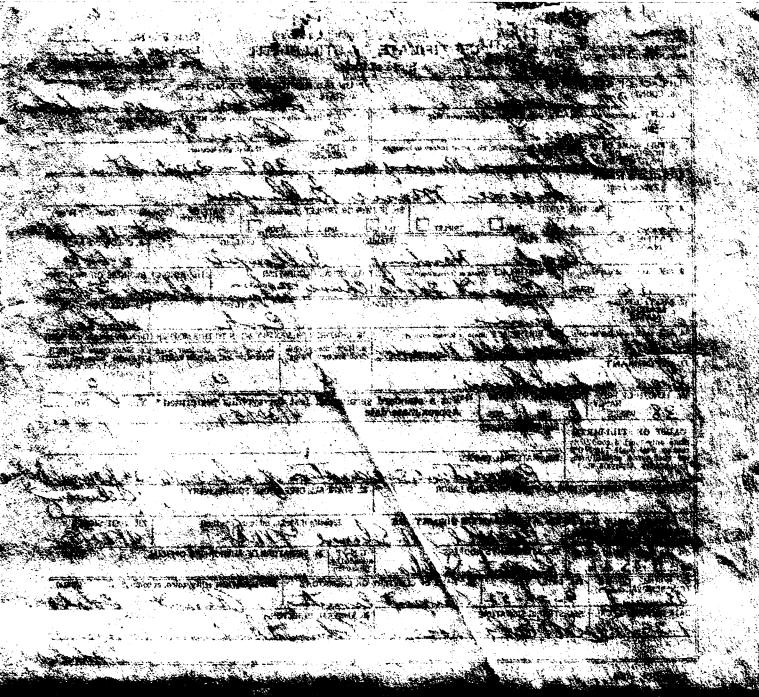
	(1949 Revision of Standard Certifical ERCHICATE OF STILLBI 7 1952 State of Idaho	RTH Local Reg Reg. Dist.	No
b. CITY (If outside corporate limits, wright RURAF and OR TOWN  c. FULL NAME OF (If not a hospitator landitutible, and INSTITUTION INSTITUTION	a. STATE  c. CITY (If outside control of towns)	DENCE OF MOTHER (When b. COUNTY)  Ornorate linite, write RURAL and give child — Rural, give location)	incolu
3. CHILD'S NAME (Type or Print)  4. SEX   5a. THIS BIRTH  FAMAL SINGLE TWIN    7. FATHER'S a. (First)	5b. IF TWIN OR TRIPLET (This triplet   1st   2nd	STILLBIRTH Sept.	18-7hurs-1952
NAME Wendell	rate or foreign country)  11a. USUAL OCCUPA  11d. USUAL OCCUPA	rer Pfor	BUSINESS OR INDUSTRY
14. AGE (at time of this birth)  15. INFORMANT	a. How many children are now living?	OUSLY BORN TO THIS MOTHER ( b. How many children were born alive but are now dead?	Do NOT include this child)  c. How many OTHER children were stillborn (born dead after 2V weeks
18a. LENGTH OF PREG. NANCY 7 LBS. OZS.	19 Was a standard serological test Approximate date	for syphilis performed?	YesNo
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CA	uses angualation of	Cord	
21. STATE ANY COMPLICATIONS OF PREGNANCY A	_ /	ATIONS FOR DELIVERY	AND DATE SIGNED
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	O Gund ms	D., midwife, or other)	23b. DATE SIGNED TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Reacity) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	PSC. NAME OF CEMETERY OR CREMATORY  Pichiel  26. FUNERAL DIRECT	25d. LOCATION (City, town, or Ruchfeld	county) J (State) DRESS
9,26,5°E 2,78 Cm	well Bisho	6 C Ward	Richfuld de

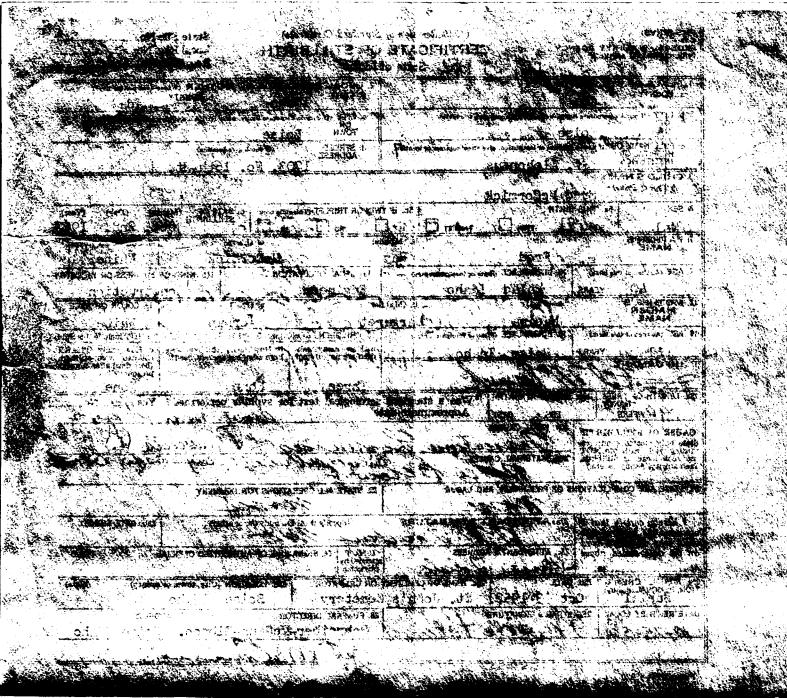


PHS-797(VS)	<b>FREN</b>	TO 1952	(1949 Revision of	Standard Certificat	e)	State File	No.	174
FEDERAL SECL	IRITY (AGE)	AGY OF VIII	CERTIFICATE	OF STILLBI	RTH	Local Reg		************
PUBLIC REALIR	DIVISIO	TARISTICAL	(1949 Revision of CERTIFICATE State of	of Idaho		Reg. Dist.	No	10
1. PLACE OF	STILLBIR	TH		2. USUAL RESID	DENCE OF MO	OTHER (Where	does mother live?	
a. COUNTY	Jeffer	son		a. STATE Ida		b. COUNTY	Jeffers	
		mits, write RURAL and	give township)	c. CiTY (If outside o		RURAL and give		
	Rigby			OR _	ral	Rigby		
c. FULL NAME	OF (If not in	hospital or institution, gi	ve street address or location)	d. STREET	(If rural, give lo			
INSTITUTIO	<sup>Ñ</sup> Hendr	cicks Mate	ernity Hosp	ital	Rte. #	2		
3. CHILD'S N	AME							<del></del>
(Type or Pri	int)	I	BABY SMITH					
4. SEX	5a. THIS			TWIN OR TRIPLET (This	child born) 6. DA	TE OF (Mont	h) (Day)	(Year)
emale	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STI	TE OF (Moni	t. 20.	1952
7. FATHER'S NAME		a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR OR	RACE
	Fra	nk	E. Del	1	Smith		White	
9. AGE (At time of		10. BIRTHPLACE (8)	ate or foreign country)	11a. USUAL OCCUPA		11b. KIND OF	BUSINESS OR I	NDUSTRY
34	YEARS	Idaho		Farming		Far	ming	
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	dle)	c. (Last)		13. COLOR OR	RACE
NAME		ddaline	Yearsl	ey Smi	<del>th</del>		White	
14. AGE (At time of	this birth)	15. BIRTHPLACE (86	tate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (		this child)
30	YEARS	Idah	0	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many children were	OTHER
17. INFORMAN	TO	, 40		_			(born dead after pregnancy)?	20 weeks
- Del	An	nelhi		<u> </u>	0		0	
18a. LENGTH OF I	PREG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis p	erformed?	Yes. V 1	Vo
40 WEER	$\langle s \mid /$	LBS. 9 07S.	Approximate de	te 2-6-5	52		~ \\	34,6
CAUSE OF STI		20a. FETAL CAUSES	Dans a				7	
State only morbid causing fetal death use such terms as	l conditions h (do NOT		10000					
use such terms as Prematurity, Asph	s Stillbirth,   yxla, etc.)	20b. MATERNAL CA	USES					
	1017101		rolonges	Labor				
ZI. STATE ANY CO	MPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY , ,		
سدن	organ	Lavor.		1 tow for	ups an	ed aprove	lony	·
I hereby certs attended the bir		Za. ATTENDAN	T'S SIGNATURE	(Specify if M. ]	O., midwife, or oth	vert) /	23b. DATE SIGN	NED .
child who was l	born dead	00. 47775410.441720	1,000	edon !	lell, M	· (V)	10/3/5	
on the date sta at U:30	m above	23c. ATPENDANT'S	MESS .	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a. BURIAL. CRI	EM A-   25b.	DATE	25c. NAME OF CEMETER		25d. LOCATION	(City, town, or	ounty)	(State)
rion, removal (8) Burial	pecify)	/21/1952						•
DATE REC'D BY I	OCAL   REGI	STRAR'S SIGNATURE	TIENA ETO	neer Cemet		igby Je	<u>TTersor</u> DRESS	Lidaho
10/3/2	REG. 97	11DOR PG	Into all	1	& N	11/		. h. a
1 1 3	- /		~ · · · · · · · · · · · · · · · · · · ·	muce .	Ecour.	r nig	by, Ida	ho.
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	* Notice on the Control of the Contr	*			•	
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RECEIVED		· ·	c.E.
PHS-797(VS) - 1 1 1904 (1979 Remission of	Standard Certificate	State File	No. 175
FEDERAL SECURITY AGENCY OF VIOLETCATE	SECURITY AGENCY OF VITTERTIFICATE OF STILLBIRTH SECURITY AGENCY OF VITTERTIFICATE OF STILLBIRTH SINGLE OF STILLBIRTH  IT STATE STORY OF VITTERTIFICATE OF STILLBIRTH  IT STATE STORY OF VITTERTIFICATE OF STILLBIRTH  IT STATE STORY OF VITTER STORY OF VITTERTIFICATE OF STILLBIRTH  IT STATE STORY OF VITTER		
State of	Idaho		
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (NILL)	day and the first
a. COUNTY Manufacture	a. STATE 2	b. COUNTY	200 HOURT (1997)
b. CITY (If outside georgeste limits, write RURAL and give township) OR TOWN	11 On 2	reporate limits, write RURAL and give	township)
c. FULL NAME OF (If parts hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET		~
3. CHILD'S NAME	Eme_ 5	09-2nd	11.
((Type or Print) Susane Mari	e Gill	capi	
#	7 [-	STILLBIRTH "	th) (Day) (Year)
7. FATHER'S (First) b (Midd			7. 19 1932
NAME Thank the	G . O		8. COLOR OR RACE
9. AGE (At time of this birth)   0. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OF INDUSTRY
32 YEARS OF THE 2			as tactors
12. MOTHER'S a. (First) b. (Midd	lle)	c. (Last)	13. COLOR OR RACE
NAME June	/	Onto	white
14. AGE (At time of this birth) 5. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER (	Do NOT include this child)
The state of the s	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT	•	South daily o but all flow dead?	(born dead after 20 weeks
	a	0	
NANCY / Was a standard	serological test for	or syphilis performed?	Yes No.
CAUSE OF STILLBIRTH   20a. FETAL CAUSES		50/90	y 36,2
State only morbid conditions			/
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysis, etc.)		1	
Fremalus Sep	raralin a	of Resenta-	24 hours bora
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	NOWS FOR DELIVERY	delivery
	(Specify if Man)	midwife (o) other)	23h. DAZE SIGNER
attended the birth of this child who was born dead	lmore of	n.b.	9/22/52
on the date stated above 23c ATTENDANT'S ADDRESS /	attended by	URE OF AUTHORIZED OFFICIAL	TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	<u> </u>	25d. LOCATION (City, town, or	bounty) (State)
asund 9-20-52 Rubert	Port	A Se	2/12
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. EUNERAL DIRECTO	OR ADI	DRESS_
9-23-193201 Chrose	Olodan	y hand	Ruger &
		THE THE PARTY OF T	a l
			daho





PHS-797(VS)		<b>BECEIVE</b>	1949 Revision	of Standard Certifica	te)	State File	No. \$77
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	NCY 19	CERTIFICATI	of Standard Certifica  OF STILLBI	RTH	Local Reg	No. \$77
POBLIC HEALIN SE	.5VICE	NOV1 19		of Idaho		Reg. Dist.	No. 370
1. PLACE OF S	TILLBIA	THSTATIST	ICE	2. USUAL RESI	DENCE OF MO	OTHER (When	e does mother live?)
a. COUNTY	da	<b></b>		a. STATE	aho	b. COUNTY	Canyon
b. CITY (If outside	e corporate li	mits, write RURAL and	give township)	c. CITY (If outside	corporate limits, write	RURAL and give	township)
TOWN B	ario	:	· + 5	TOWN	mna		
c. FULL NAME O HOSPITAL OR	F (If not in	hospital or institution, giv	e street address or location	d. STREET ADDRESS	(If rural, give le	ocation)	
INSTITUTION	St	Lukes H	pspital	ADDRESS 87	6 Sherm	an	
3. CHILD'S NA							
(Type or Print	J	NET ST	EVENS				
4. SEX	5a. THIS	BIRTH	,5b. 1	F TWIN OR TRIPLET (The	child born) 6. DA	TE OF (Mon	th) (Day) (Year)
FEM.	SINGLE	TWIN .	TRIPLET 157	2ND	3RD   511		tober 13.1952
7. FATHER'S NAME		a. (First)	b. (M	iddle)	c. (Last)		8. COLOR OR RACE
		Clinton			Steven	S	white
9. AGE (At time of the	nis birth)	10. BIRTHPLACE (Se	ate or foreign country)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR INDUSTRY
33	YEARS	Crane	, Oregon	R.R. Fire	man	U.P.	R.R. Co.
12. MOTHER'S MAIDEN		a. (First)	b. (M	iddle)	c. (Last)		13. COLOR OR RACE
NAME		Esther			Bushnel	1	white
14. AGE (At time of the	in birth)	15. BIRTHPLACE (8)	ate or foreign country)				(Do NOT include this child)
32	YEARS		Nebr.	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMANT	r // _/			_	,		(born dead after 20 weeks pregnancy)?
6.19.1	leve	ns		11	<u> </u>		
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT BIRTH	<sup>19</sup> Was a standar	rd serological test	for syphilis p	erformed?	YesNo
WEEKS		LBS. OZS.	Approximate	date.			V36.1
CAUSE OF STILI	LBIRTH	20a. FETAL CAUSES	$\overline{}$				
State only morbid causing fetal death	conditions (do NOT		none	<u> </u>			
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, ria, etc.)	20b. MATERNAL CA	USES DO		ha -		
			1 / 20	and	1100		
21. STATE ANY COM	APLICATION .	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPE	ATIONS FOR DEL	LIVERY	
no	ne	eregge	0000	non	<u> </u>		
I hereby certif attended the birth		23a. ATTENDAN	T'S SIGNATORE	(Specify if M.	D., midwife, or ot	her)	23b. DATE SIGNED
child who was bo	rn dead	June	1 Kun	nolar	- Ju D	·	10-17-32
on the date state	ed above	25. ATTENDANT'S	ADDRESS	attended by	ATURE OF AUTHO	RIZED OFFICIA	L TITLE
at	m.	DATE	25c. NAME OF CEMET	physician	I SEA LOCATION	/0/5	(9444)
25a. BURIAL, CREI TION, REMOVAL (8po					25d. LOCATION		
Diriel  DATE REC'D BY LO	CAL DEC	0/15/52 ISTRAR'S SIGNATURI	Cloverd				Idaho DRESS
R	EG. KEG	MAR S SIGNALURI	Hon !	26 FUNERAL DIREC	<i>S</i> .		
10-28-52		rupille	iamer	seurs a	samu	MON 8	mpa, Idaho
		<u> </u>		Lewis Edm	unds Mo	rtuery	

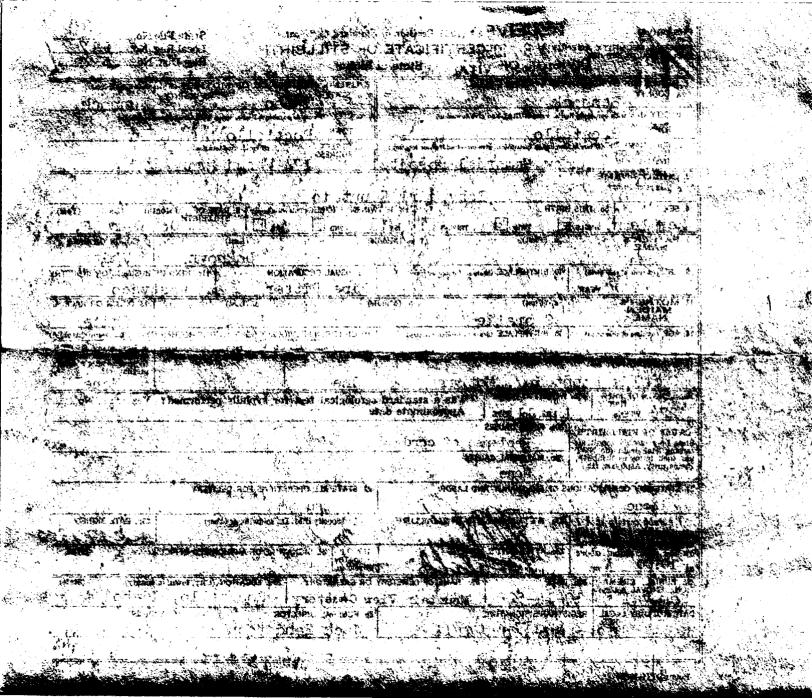
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PHS-797(VS)	COT	0 % 40E0	(1949 R	evision of	Standard Certific	ate)	State File	No	78.
FEDERAL SECUR	ITY AGEN	2.7 1952	CERTIF	CATE	OF STILLB	IRTH	Local Reg	No. 392 No. 376	***********
PUBLIC HEALTH	DISTICE		Reg. Dist.	No. 3/0					
1. PLACE OF S					2. USUAL RES	DENCE OF N	OTHER (Where	does mother live?	<del></del>
a. COUNTY	A da	•			a. STATE	rdaho	b. COUNTY	đa	
b. CITY (If outside		nits, write RURAI	and give township)				rite RURAL and give		
OR TOWN	В	oise			TOWN	Bois			
c. FULL NAME O	F (If not in h	ospital or instituti	on, give street address	or location)	d. STREET	(If rural, give			
HOSPITAL OR INSTITUTION	St	Alpho	กรมร		ADDRESS ]	1716 Mic	higan S	t	
3. CHILD'S NA									<del></del>
((Type or Print		aby Box	Pecora						
4. SEX	5a. THIS E	BIRTH		5b. IF T	WIN OR TRIPLET (Th	h child born) 6. [	ATE OF (Mont	th) (Day)	(Year)
male	SINGLE	TWIN [	TRIPLET	]   1ST [	2ND	3RD 🔲   3	11LLBIRTH	0 16	.52
7. FATHER'S NAME		a. (First)		b. (Midd	lle)	c. (Last)		8. COLOR OR	RACE
		Stu	rt	0	Pec	ora		white	<u> </u>
9. AGE (At time of the	nis birth)	10. BIRTHPLAC	E (State or foreign co	untry)	11a. USUAL OCCUP	PATION	11b. KIND OF	BUSINESS OR	INDUSTRY
39	YEARS	George	town Id	laho	Foreman		Auto	motive	· · ·
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (Last)		13. COLOR OR	RACE
NAME	<del> </del>	Dolor			elle	Pecor		whit	
14. AGE (At time of the	nie birth)	15. BIRTHPLAC	CE (State or foreign co	ountry)	16. CHILDREN PRE				<del></del>
37	YEARS	Eag]	. Idaho		a. How many chi dren are now living	l-   b. How man  ?   born alive bu	y children were t are now dead?	c. How many children were	still born
17. INFORMANT	· +	PA	_		1		i	(born dead after pregnancy)?	r 90 weeks
Muan	M	e Ve	eora		2	nor		none	
	NCY	WEIGHT AT BIR	was a	standard	serological test	for syphilis	performed?	Yes1	NoL
WEEKS	<u>-                                    </u>			dmate da	te.	<del></del> :		<u> </u>	7.4
CAUSE OF STIL		20a. BETAL CA	Jo Jaka	·	1 - m	unt	1 . 5	ando bel	ecents.
State only morbid causing fetal death use such terms as	onditions (do NOT	und	CLERK	wee	- 7740	- CLAC	0		
Prematurity, Asphy:	xia, etc.)	20b. MATERNA	IL CAUSES	-, 04	1 60 1.	an kan	ed_ he	ty uler	miden
21. STATE ANY COM	IDI ICATION	S OF PRECNAN	ICY AND LABOR		22. STATE ALL OPE	EPATIONS FOR D	ET IVEDY	6+4	FRILL
non	_	of Theonat	ICT AND EADON		none				Le
	<del></del>	23a. ATTEN	DANT'S SIGNA	TURE		.D., míšwije, or	other)	23b. DATE SIG	NED
I hereby certif attended the birti		1/3		44004	res J	ma	-	10- 20	-
child who was be		230 M TENDA	NT'S MODIFIESS	7/2	If NOT   24. SIG	VATURE OF AUTO	ORIZED OFFICIA		TITLE
at	m.	Bara	o le	کے ۔	attended by physician			-	
25a. BURIAL, CREI	M A- 25b.	DATE	25c. NAME C	F CEMETER	Y OR CREMATORY	25d. LOCATIO	N (City, town, or	county)	(State)
TION, REMOVAL (8pe		0/18/59	Sta	llphor	10116 -	1) Rois	, // ~		iaho
DATE REC'D BY LO	CAL REGI	STRAR'S SIGNA		en hmor	26. FUNERAL DIRE			DRESS	. <del>a.i.u</del>
10-20-55	REG.	MINTO	, tala	nosl	ر سده	=01//		Eles E	a
		year			RELYE	MORTU	RY Bo	ise. Id	laho
		<u> </u>			1671111	z moiri ov		×, -,	
					_	•	•		

4-48 FEDERAL SECU PUBLIC HEALTH S	RITY AGE	CENT 2 0 195	APPRINC	CATE	Standard Certifica OF STILLBI Idaho	RTH	State File Local Reg Reg. Dist	. No. 3/2	
1. PLACE OF a. COUNTY B:	still <b>igh</b> annock	HALLALIS !	Ç <del>9</del>		2. USUAL RESI	DENCE C	DF MOTHER (When	e does mother live? Bennock	)
TOWN P	catel				i OR	t Hall	its, write RURAL and giv	e township)	
INSTITUTIO	St. A	nthony Merc			d. STREET ADDRESS	(If rure	l, give location)		
3. CHILD'S N. (Type or Pri		Baby	Boy Fishe	er					
4. SEX Male	5a. THIS			5b. IF T	WIN'OR TRIPLET (Thi		6. DATE OF (Mor	tober 7,	(Year
7. FATHER'S	SINGLE	a. (First)	TRIPLET	b. (Midd	L 2ND L	3RD L	Last)	8. COLOR OR	
NAME		George		В.	,		isher	Indian	RACE
9. AGE (At time of	this birth)	10. BIRTHPLACE (	State or foreign count		11a. USUAL OCCUPA			F BUSINESS OR I	NDUST
3	7 YEARS	L	Creek, I		Farme <b>r</b>		Farm		
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)		Last)	13. COLOR OR	RACE
NAME		Cornelia				Po	catello	Indian	
14. AGE (At time of	this birth)	15. BIRTHPLACE (	State or foreign coun	try)	16. CHILDREN PREV	IOUSLY BO	RN TO THIS MOTHER	(Do NOT include	this chi
39	YEARS	Bannock (			a. How many chil dren are now living	b. How born aliv	many children were we but are now dead?	c. How many children were	stillbor
		mation was		from		İ		(born dead after pregnancy)?	r 20 weel
		mothers d		? <i>3</i> .	3	<u> </u>	3	1 (	)
18a. LENGTH OF F	ANCY	WEIGHT AT BIRTH  5 LBS. 2 0ZS.	19.Was a st Approxim	andard nate da	serological test te	for sypi	ilis performed?		2.3
CAUSE OF STI		20a. FETAL CAUSE	S					7	<i></i>
State only morbid causing fetal death use such terms as Prematurity, Asph	(do NOT Stillbirth, yxia, etc.)	20b. MATERNAL C	AUSES	eia	•			· · · · · · · · · · · · · · · · · · ·	
21. STATE ANY CO	MILICATION	NS OF PREGNANCY	AND PABOR	ria	22. STATE ALL OPE	RATIONS FO	OR DELIVERY		
I hereby certs attended the bir child who was	th of this	23a. ATTENDAI	SIGNAT	URE	(Special M.	D., midwif	a, or other)	23b. DATE SIGN	NED 252
child who was lon the day sto	m.	MEAL REAL	167	k	attended by physician	ATURE OF	AUTHORIZED OFFICIA	AL .	TITLE
25a. BURIAL, CRI TION SEMOVAL (8)	MA- 25b?	DATE 1-//-52	25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOC	ATION (City, town, or	county)	(State)
oct 18.19	OCAL REG	istrar's signatur	Wallin	υ	26 FUNERAL DIRECT	TOR	eneral Ham	Poce	tells

describe appoints an extended from the contraction in additional d The same transfer on the same transfer of the same TOMES THE STREET The state of the s CASE OF BELLEVIEW OF THE SECOND Suite make Company of the Compan The second second second and the second seco CAMBE OF PTILLBERT THE STATE OF CHARTENING PER CHARTER Saint Charles THE RESERVE OF THE PARTY OF THE The Course of Congression of the A marginals sensition in the ender a new contraction

PHS-797(VS) RECEIVED (1949 Revision of	Standard Certificate	<u>;</u> )	State File	No. 180
FEDERAL SECURITY AGENTOV 8 1952ERTIFICATE PUBLIC HEALTH SERVICE DIVISION OF VITAL State of		RTH.	Local Reg	
DIVISION OF VITAL State of	Idaho		Reg. Dist.	No5.20
1. PLACE OF STILLBIRTH ALIGICS	2. USUAL RESID	ENCE OF MO	THER (When	e doss mother live?)
a. county Bannock	a. STATE Ida	: ₩₩₩ ho	B. COUNTY	Bannock
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside or OR		RURAL and give	
TÖWN Pocatello		atello		
C. FULL NAME OF (If not in hospital or institution, sive atrest address or leastion)	d. STREET	(If rural, give lo	cation)	
HOSPITAL OR INSTITUTION Bannock Memorial Hospita	ADDRESS 17/	Wash in:	gton	
3. CHILD'S NAME	<u> </u>	7.0.011 1.11	50011	
(Type or Print)  Baby girl F	ountain			
4. SEX   5a. THIS BIRTH   5b. IFT	WIN OR TRIPLET (Thise	hild born) 6. DAT	E OF (Mon	th) (Day) (Year)
Female   single K   TWIN   TRIPLET   1ST		STIL	IDIOTU	tober 15, 1952
7. FATHER'S a. (First) b. (Mide		c. (Last)		8. COLOR OR RACE
NAME		Unkno	<b>11.77</b>	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
? YEARS	Pipe fitt			tvaco
12. MOTHER'S 8. (First) b. (Midd		c. (Last)	West	13. COLOR OR RACE
NAME C oralie	,	Founta	a i n	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16 CHILDREN PREVIO			(Do NOT include this child)
31 years Springfield, Idaho				
17. INFORMANT	a. How many children are now living?	b. How many born alive but an	e now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Coralie Fountain . Mother	One	77		pregnancy)?
		No:		None X No
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard $22\frac{1}{2}$ WEEKS 1 LBS. $11\frac{1}{4}$ OZS. Approximate da	serological test I te	or syphilis p	erformed?	
20. ECTAL CALIEGE				y 36.0
State only morbid conditions Prolance of cord			/	/
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES				
Prematurity, Asphyxia, etc.) None				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELL	VEDV	
None	None			
I hereby certify that I   23a. ATTEMPTOTATURE		., midwife, or oth		23b. DATE SIGNED
attended the birth of this	(Specify It M. I	o, midwie, or oth	or)	0-+ 17 10/5-
on the date stated above 23c. AFTENDANT'S ADDRESS	If NOT   24. SIGNAT	URE OF AUTHOR	ITED OFFICIAL	DEC.1 1, 10
at 10:00 Am.	attended by physician	UKE OF AUTHOR	MZED OFFICIA	L IIILE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER'	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Removal 10-15-52 Mountain Vi	ew Cemetery	Pocate	ello. I	[daho
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE,	26. FUNERAL DIRECTO		<del></del>	DRESS
NOV 7 1952 Eva m. Walling	Jack Hen	_	DO US	itello, Ida.
13.17.	7	77	/	200,020
	Amily	enderso	<u> </u>	



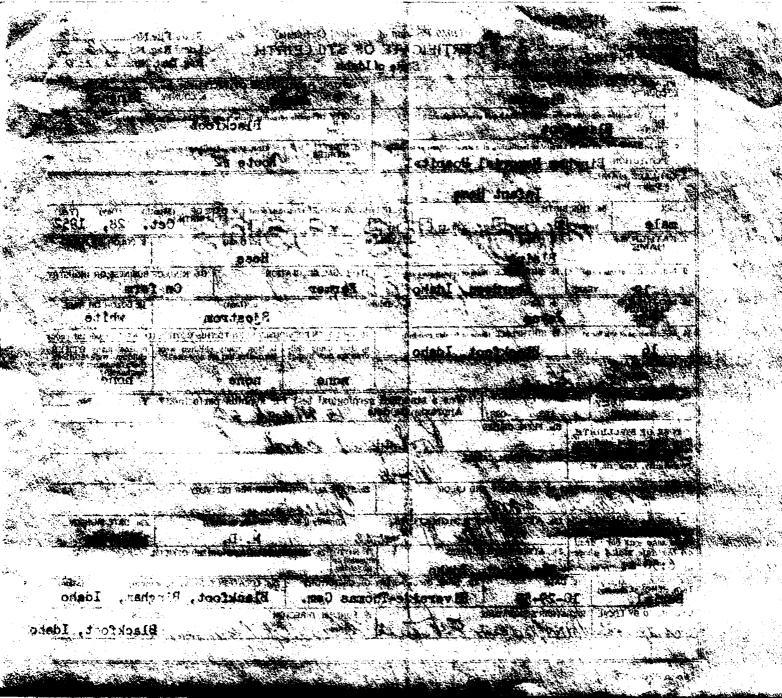
PHS-797(VS) 4-48			(1949 Revi	ision of	Standard Certificate	e)	State File	No. 181
FEDERAL SECUR		YCY RECE	PATHFIC	ATE	OF STILLBIF	RTH	Local Reg.	
	·	OCT 1	X IUA	itate of	Idaho		Reg. Dist.	No. <i>(a O D</i> )
1. PLACE OF S	TILLBIR	DIVISION	OF VITA		2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY	Bingh		ISTICS	• .	a. STATE Idah	10	b. COUNTY	Bingham
	le corporate li	mits, write RURAL and			c. CITY (If outside or		RURAL and give	
OR TOWN	Black:	Coot			TOWN Pin	gree, Id	aho	
c. FULL NAME C HOSPITAL OR	F (If not in	hospital or institution, giv	e street address or l	ocation)	d. STREET ADDRESS	(If rural, give le	cation)	
INSTITUTION	Bine	nam Memoria	l Hospita	al		gree, Id	aho	
3. CHILD'S NA	ME			<del>- (                                   </del>				
(Type or Princ	<i>"</i>	Robert Wa	lker St	troh				
4. SEX	5a. THIS				WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	h) (Day) (Year)
Male	SINGLE	TWIN .	TRIPLET	I IST	2ND	3RD   S11	Oct.	. 14. 1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR RACE
MAME	(	Clarence				Stroh		White
9. AGE (At time of t	hie birth)	10. BIRTHPLACE (St	ate or foreign count	ry)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
42	YEARS	Anchor.	Illinois		Farmer		Owner	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lie)	c. (Last)		13. COLOR OR RACE
NAME	Ma	bel			Walke	r		White
14. AGE (At time of t	his birth)	15. BIRTHPLACE (8)	ate or foreign count	try)			THIS MOTHER (	Do NOT include this child)
36	YEARS	Richfiel	d, Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMAN	Т	-	01					children were stillborn (born dead after 20 weeks pregnancy)?
(la	sen	uce so	rote		none	non	0	none
INGTH OF P	REG- 18b.	WEIGHT AT BIRTH	19 Was a st	andard	serological test	or syphilis p	erformed?	Yes. X. No
40 WEEK		7 швя. 8 ozs.	Approxim	nate da	te 3/15/52			V34,2
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES	•					
State only morbid	conditions	Frank br	reach pre	senta	tion			
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	USES					•
					,			
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY A	IND LABOR		22. STATE ALL OPER			
·	none				forceps ex	traction	of after	-coming head
I hereby certi		23a. ATTENDAN	IT'S SIGNAT	URE	(Specify if M.)	D., midwife, or ot	her)	23b. DATE SIGNED
attended the birt child who was b		-6	2 50	fra	hu-	m.s.		10/15/52
on the date stat		23c. ATTENDANT'S	ADDRESS	_	If NOT 24 SIGNA attended by	TURE OF AUTHO	RIZED OFFICIA	L'/TITLE
at 11:30	_ <b>P</b> m.	10 West Br			physician			
25a. BURIAL, CRE TION, REMOVAL (8p	MA- 25b.	DATE			Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	1	0-15-52		City	Cemetery	Blackfo	ot, Bing	ham, Idaho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	ا جر ا	<u> </u>	26. FUNERAL DIRECT	OR /	1	DRESS // -/ () //
Och 12 19	25 1//	Usllal	and I	alex	Willand	Washer	191	argel, Holly
·								
						<del></del>		

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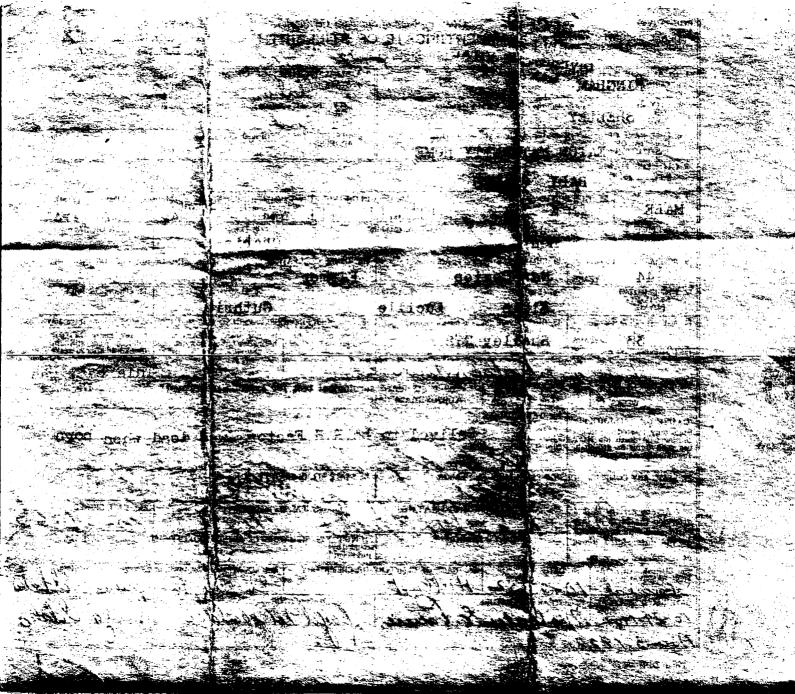
cant commit ACT OF THE PARTY O with the state with the dell'idelle Idaho stagger design the tester to THE PARTY OF THE P A LINE OF THE OWNER OF THE PARTY OF 1 TO I CONTROL PROPERTY City Constary Placifoot, Bingham, Idaho

THE WHAT THE WAY IN MANAGE !

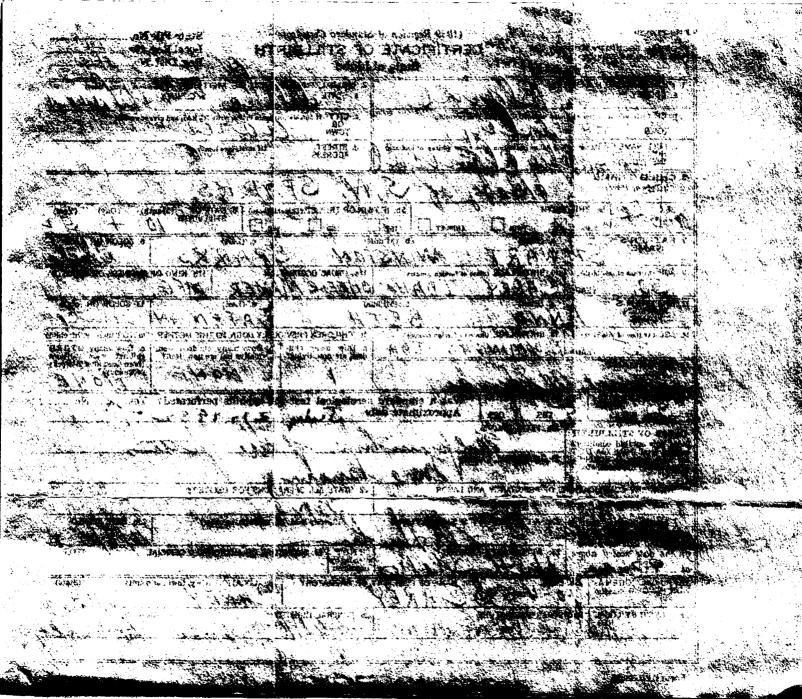
	HEC	EINEN				· ~.	•	$\Omega$
PHS-797(VS) 4-48		-	(1949 Revision of	Standard Certificat	te)	State File	No	
4-48 FEDERAL SECU	RITY AGE	NCYI Y DZ	CERTIFICATE	OF STILLBI	RTH	Local Reg	. No	2 3
	THOSE, 4	OF VITAL	. Stαte of	i Idaho		Reg. Dist.	No 6	
1. PLACE OF	STILLBIF	(#P#1600		2. USUAL RESID	DENCE OF MO	THED .		
a. COUNTY		Bingham		a. STATE Ida	ho	b. COUNTY	Bingha	
b. CITY (If outsi OR TOWN	ide corporate li Blackf	imite, write RURAL and	i give township)	c. CITY (If outside of OR TOWN	orporate limits, write	RUBAL and give	township)	
					DIGORI			
HUSPITAL OF	rt.		rive street address or location)	d. STREET ADDRESS	(If rural, give to	cation)		
INSTITUTION		nam Memoria	T Hospital		Route #2			
(Type or Prin		T # A	17					
4. SEX	5a. THIS	Infant	<del></del>		<del></del>			
male	SINGLE		TRIPLET 1ST	WIN OR TRIPLET (This		E OF (Mont		(Year) 1952
7. FATHER'S NAME		a. (First)	b. (Mide		c. (Last)		8. COLOR OR	RACE
NAME		Blaine			Hess			
9. AGE (At time of	this birth)	10. BIRTHPLACE (	State or foreign country)	11a. USUAL OCCUPA		11b. KIND OF	BUSINESS OR	INDUSTRY
19	YEARS	Aberde	en. Idaho	Farmer		On i	arm	
12. MOTHER'S MAIDEN		a. (Kirst)	b. (Mide	ile)	c. (Last)		13. COLOR OF	
NAME		Joyce			Sjostro	m	white	ð
14. AGE (At time of	thie birth)	15. BIRTHPLACE (	State or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT includ	e this child)
<u> 16</u>	YEARS	Blackfo	ot. Idaho	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many children were	OTHER
17. INFORMAN	T	7/				o no no no no no no no no no no no no no	(born dead after pregnancy)?	st 20 weeks
Bla	ine 1	Hess		none	none		none	
18a. LENGTH OF P	REG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test	for syphilis p	erformed?	Yes.	No
WEEK		LBS. OZS.	Approximate da		my 52	·	136.0	1
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSE	s D		0		7 2 2	
State only morbid	conditions		Donas	ssed cor	rl			
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL C.	AUSES NA					
	210, 010.)		Mone					
~ ~ ~	V	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	VERY		
In	lasese	o cora	<u> </u>	(MILLIA)	onus			
I hereby certi	fy that I	23a. ATTENDA	T'S SIGNATURE	(Specify if M. 1	D., mids ite, or oth	er)	23b. DATE SIG	NED
attended the birl child who was b		- III A	Mr & Ito	ne	M. D.		1002073	2
on the date stat		23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
at 6:50 a.	m.	Blackfoot		physician				
25a. BURIAL, CRE TION, REMOVAL (8p	anify)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION			(State)
Burial	1(	0-29-52	Riverside-Th	omas Cem.	Blackfo	ot, Bing	gham, Id	daho
DATE REC'D BY LO		ISTRAR'S SIGNATUR	E (a/L)	26. FUNERAL DIRECT	OR	/ / AD	DRESS	
Och. 29-19	3. //	rathalis	7 8. 1 alvie	Stomas	A Par	Chem/ E	Blackfoot	t. Ida
	- 10			- VACUAL				



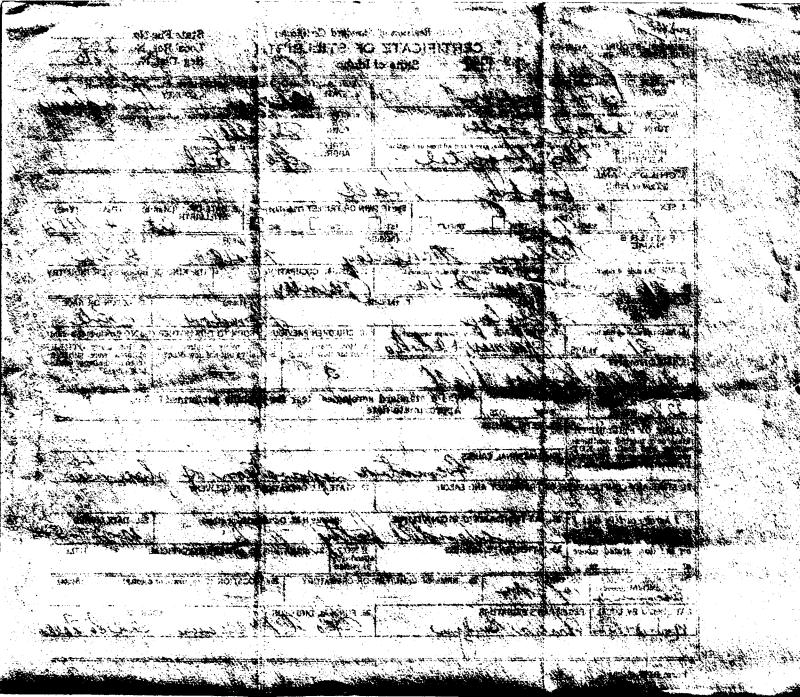
PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		(1949 Revision of a SERTIFICATE (		TH Lo	ate File No cal Reg. No g. Dist. No	, .
1. PLACE OF STILLEIN a. COUN AND HAM	TETATISTIC		2. USUAL RESID	ENCE OF MOTHE b. Co	R (Where does mo	1 .
b. CITY (II outside corporate li OR TOWN SHELLEY		ve township)	c. CiTY (If outside co	rporate limits, write RURA	L and give township	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION EATO	hospital or institution, give  N MATERNI		d. STREET ADDRESS	(If rural, give location)		
3. CHILD'S NAME ((Type or Print)  BA	BY CHAPIS	3	, <u>, , , , , , , , , , , , , , , , , , </u>			
4. SEX 5a. THIS SINGLE	BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This o	hild born) 6. DATE OF STILLBIR	TH (Month)	(Day) (Year) 21 - 1952
7. FATHER'S NAME	a. (First) <b>Henry</b>	b. (Midd	le)	c. (Last) Chabis	8. COL	OR OR RACE
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State		11a. USUAL OCCUPAT	TON 11b.	KIND OF BUSINE	SS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd Lucille		c. (Last) Guthrie	13. CO	LOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta	te or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS I	OTHER (Do NO	f include this child)
33 YEARS	Shelley	R#2	a. How many children are now living?	b. How many childr born alive but are now	dead? childre (born c pregna	- 1
18a. LENGTH OF PREGNANCY WEEKS	WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a standard Approximate dat	serological test f	or syphilis perfo		
CAUSE OF STILLBIRTH State only morbid conditions causing tetal death (do NOT	20a. FETAL CAUSES	Belived to	be R H Fa	ctor was	deed wh	on born
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	4. Neg	Tuoth	er se	usele	see
21. STATE ANY COMPLICATION	NS OF PREGNANCY AN	ID LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above	23a. ATTENDAN'S A	elox/Y/	If NOT 24. SIGNA attended by	TURE OF AUTHORIZED	. 10	ATE SIGNED
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE ) - 23-52	25c. NAME OF CEMETER	physician   Y OR CREMATORY	25d. LOCATION (City	, town, or county)	am Idak
DATE REC'D BY LOCAL REG.	SISTRAR'S SIGNATURE	& Poure	26. FUNERAL DIRECT	W Walder	ADDAESS Sie	Mey Idah
Nov-3-1932.			$\gamma$	`~		<u>U</u>



RECEIVE	:				•_ ·
FU2-131(A2)	(1949 Revision of	Standard Certifica	te) S	State File No	184
FEDERAL SECURITY AGENCY OF	CERTIFICATE	OF STILLBI	RTH I	ocal Reg. No.	4.1
PUBLIC HEALTH SERVICE STATISTICS	State of		/ F	Reg. Dist. No	410
1. PLACE OF STILLBIRTH			PINCE OF MOTI	HER (Where does p	pthor live?)
a. COUNTY	m _	a. STATE UC	ako b.	COUNTY	fams
b. CITY (If outside corporate limits, write RUDAR and OR TOWN	give township)	C. CITY (If outside of TOWN	cornerate limits, grite RU	RAL and give townsh	(p)
C. FULL NAME OF (It not in hountal or institution of HOSPITAL OR HASTITUTION	ye atmost address or location)	d. STREET ADDRESS	(If rural, give location	7	<del></del>
3. CHILD'S NAME	mous	<u> </u>			
(Type or Print)	y of S,	W, SP	'ARKS	-	
4. SEX   5a. THIS BIRTH SINGLE X TWIN	TRIPLET 1ST	WIN OR TRIPLET (This	child born) 6. DATE (	OF (Month)	(Day) (Year) 4 - 52
7. FATHER'S STEWART	Wins		SPARK		DLOR OR RACE
	tate or foreign country)	11a. USUAL OCCUPA	TION 11	b. KIND OF BUSIN	NESS OR INDUSTRY
30, YEARS CAREY	IDAHO	CHEESE N	AKER /	MFG.	
12. MOTHER'S MAIDEN NAME  A  NAME  A  NAME  A  NAME	8 E 7	H H	BATE/	M AN 4	OLIDAY OR RACE
14. AGE (At time of this birth)   15. BIRTHPLACE (8	tate or foreign country)	a. How many chil-	b. How many chil	dren were   c. He	ow many OTHER
17. INFORMANT	Spe.	dren are now living?	born alive but are n	ow dead? child (born pregr	ren were stillborn dead after 20 weeks nancy)?
18a. LENGTH OF PREG-   18b. WEIGHT AT BIRTH	19 Was a standard	serological test	for syphilis peri	formed? Yes.	X No.
32 WEEKS 4 LBS. 8 OZS.	Approximate da	te July	Z 1 19	Sz V	38.7
CAUSE OF STILLBIRTH State only morbid conditions	Tal forman	luni 1	the /	1 de	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	NUSES TON O	Bruke			
21. STATE ANY COMPLICATIONS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVE	RY	
me	1712 CIANTON	M	<u>l</u>	1 22	
I hereby certify that I- 23a. ATTENDAN attended the birth of this	770021	(Specify if M.	D., midwife, or other)	236.	DATE SIGNED
child who was born dead on the date stated above 230, ATTENDANTS	ADDRESS ADDRESS	If NOT   24. SIGNA	TURE OF AUTHORIZE	ED OFFICIAL	TITLE
at 9.26 A.m. Skyly	Sallo	attended by physician		<b>/</b>	
256 BURIAL, CREMA- TION, REMOVAL (Specify) / 0 - 4 - 5	25c. NAME OF CEMETER	OR CREMATORY	25d LOCATION (CI	ty, town, or counts	TDA
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATUR	Vright- Rev	26. FUNERAL DIPEC	Soldre	ADDRESS	Tailer
	OleBr.				
	restante win	T	•		



Atti					۳.	-13 <b>5</b>
PHS PS (VS)		(1949 Revision of	Standard Certificat	le)	State File	No
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NCY	CERTIFICATE	OF STILLBII	RTH	Local Reg.	No. <b>a.</b> 03
PUBLIC HEALTH SERVICE		52 State of			Reg. Dist. 1	
1. PLACE OF STILLBIF	RTH (		2 USUAL RESID	PENCE OF MO	THER (Where	dometother live?)
a. COUNTY ou	nevell	د .	a. STATE	Colis	b. COUNTY	Din skow
b. CiTY (If outside corporate l			c. CiTY (If outside o	opporate amite, write	RURAL and give	township)
TOWN USA	ho Jal	es	TOWN S	Kelley	_	
c. FULL NAME OF (II POL) HOSPITAL OR INSTITUTION	hospital or institution, giv	bettel -	d. STREET ADDRESS	(If rural, give oo	etion)	
3. CHILD'S NAME ((Type or Print)	Baby	Na	el			
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This	child born) 6. DAT	E OF (Month	n) (Day) (Year)
SINGLE	Z TWIN .	TRIPLET 1ST	2ND 🗌	3RD ☐ STIL	Oct	- 24- 1952
7. FATHER'S NAME	a. (First)	b. (Midd	lle)	c. (Last)	1	8. COLOR OR RACE
/L	Elliam	McKin	ley	Hall		White
9. AGE (At time of this birth)	10. BURTHPLACE (St	ate or fereign ofuntry)	11 USUAL OCCUPA	1	11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S	· · · ·	b. (Midd	Jainte			
MAIDEN NAME	Shirle	b. (Mide د ۲	116)	(Last)	on!	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTYPLACE	ate or foreign country)	16. CHILDREN PREV	OUSLY BORN TO T	HIS MOTHER (I	Oo NOT include this child)
2/. YEARS	Hami	V, Sedoko	a. How many chil- dren are now living?	b. How many of born alive but are	hildren were	c. How many OTHER
17. INFORMANT	/ /	11 .1	3	DOIN MIVE DUL MI	1	children were stillborn (born dead after 20 weeks pregnancy)?
Want Mich	nly f	Vall			-	programoji
18a. LENGTH OF PREG- / 18b.	WEIGHT ACBIRTH	<sup>19</sup> Was a standard	serological test	for syphilis pe	rformed?	Yes No
22/2 WEEKS	LBS. OZS.	Approximate da	te.			V36,2
CAUSE OF STILLBIRTH	20a. FETAL CAUSES					
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	<del></del>					
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES Promoter	No.	to	1. 2.	acenta.
21. STATE ANY COMPLICATION	NS OF PREGNANCY A	NO LABOR	22. STATE ALL OPER	ATIONS EOD DELD		acemi.
			L. STATE OF ER	ATOMS FOR DELL	' <del>''</del> ''	
I hereby certify that I	23a. ATTENDAN	T'S SIGNATURE	Specify if M. 1	D., midwife, or othe	r) :	23b. DATE SIGNED
attended the birth of this child who was born dead	1	dandel !	Vottes .	m D.		10-27-52
on the date stated above	23c. ATTENDANT'S	ADDRESS	If NOT 24 SIGNA	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at m.			attended by physician			
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Breedity)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or o	ounty) (State)
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE		26. FUNERAL DIRECT	OR V	ADD	RESS 1 1
Maj. 3-1952 6	mua Bu	eges .	ages U.	/ Welles	rus (	Delo Talle
=		()				



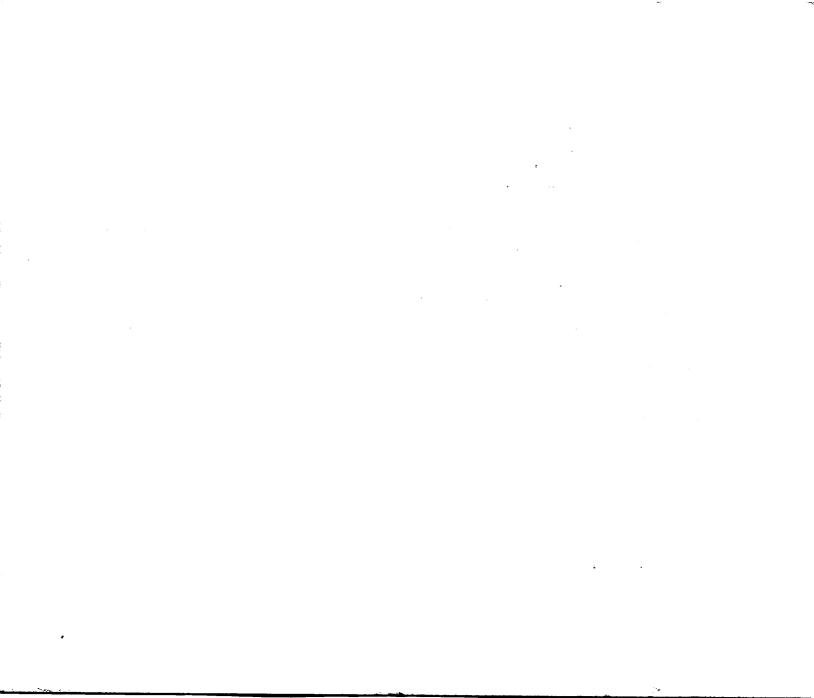
PUBLIC HEALTH SER	PIVISION (	7 1952certii Of vital			RTH	Local Reg	. No
II	N.T.		State of I				
1. PLACE OF ST a. COUNTY	ILLBIRTH	<b>0110</b>	2	USUAL RESIL	ENCE OF M		
	CANILO			a. STATE To	laho	b. COUNTY	CANU
b. CITY (If outside	corporate limits, white R	URAL and give township)	,	c. CITY (If outside o	orporate limite, wri	te RURAL and give	
TOWN M	AMPA	工dah	0	TÖŴN 🃉	Ampe	<del>}</del>	
c. FULL NAME OF HOSPITAL OR	(If not in hospital or in	stitution, give street addre	se or location)	d. STREET	(If rural, live	location)	
INSTITUTION	mercu	HospitA	h	ADDRESS	PHP #	3	
3. CHILD'S NAM	<b>\</b>	•		_ \			
((Type or Print)	De	L K	AU	CIA	RK		
4. SEX	5a. THIS BIRTH		56 FTWI	N OR TRIPLET (This	shild born) 6. DA	TE OF (Mon	th) (Day)
W	SINGLE X TV	WIN TRIPLET		2ND	3RD ST	ILLBIRTH 8	1301
7. FATHER'S	a. (First)	)	b. (Middle)		c. (Last)		8. COLOR OR
NAME	MURI	11	F		CLAR	K	1.3
9. AGE (At time of this		PLACE (State or foreign	country)   1	1a. USUAL OCCUPA		<del></del>	BUSINESS OR
35	1	AMOA.T	dAho	FARM	eR,		
12. MOTHER'S	a. (First)		b. (Middle)	<del> </del>	c. (Last)		13. COLOR OI
MAIDEN NAME	Reuk	2	Anice	o	huon.	~	W
14. AGE (At time of this		PLACE (State or foreign		6. CHILDREN PREVI			<u>'                                    </u>
30	YEARS AA	arando 1		. How many chil- iren are now living?	b. How many	children were	c. How many
17. INFORMANT		1	211-941	iren are now living?	born alive but	are now dead?	(born dead aft
min	Reva (	clark (n	rother	. 3			pregnancy)?
18a. LENGTH OF PRE	EG- 18b. WEIGHT AT	T BIRTH   19.Was	etondord s	erological test	for embilia	nowformed 2	Yes.
32 WEEKS	LBS.	OZS. Appro	oximate date	erological test	tor syptima	periormed:	10
CAUSE OF STILL	BIDTEL   20a. FETA	L CAUSES NOW					<del>- y - ′</del>
	onditions	77-14					,
State only morbid or causing fetal death (ouse such terms as 8	tillbirth, 20b. MATT	ERNAL CAUSES TO	ensuera	1 Houten	E Roet	4 legs	onle
Prematurity, Asphyxi	ia, etc.) & no	Salor					
21. STATE ANY COM	PLICATIONS OF PREC	MANCY AND LABOR	Fame  2	2. STATE ALL OPER	ATIONS FOR DE	LIVERY _ CH	wolow
Junufag	got a per	gentin wi	endo	& Break	eretras	tion	
I hereby certify	that I   23a. ATT	TENDANT'S SIGN	ATURE	(Specify if M.	D., midwife, or of	ther)	23b. DATE SIG
attended the birth child who was bor		261	alle	lay, W	1D,		10/21
on the date stated	d above 23c. ATTE	NDANT'S ADDRESS	0 1	I NOT 24. SIGNA	TURE OF AUTHO	ORIZED OFFICIA	L.
at	m.   Nas	msa, Ida	ho at	tended by hysician			
	A- 25b. DATE	25c. NAME	OF CEMETERY C	OR CREMATORY	25d. LOCATION	(City, town, or	county)
25a, BURIAL, CREM	may) /	\	1			4	
25a, BURIAL, CREM TION, REMOVAL (Speed	1 1		<del></del>		ob //	AL	DDRESS
DATE REC'D BY LOC	AL REGISTRAR'S S	IGNATURE /	1	6. FUNERAL DIRECT	y"		
DATE REC'D BY LOC	CAL REGISTRAR'S S	SIGNATURE ALLE	Tue 2	6. EUNERAL DIRECT		Kerryk	z Ma
DATE REC'D BY LOC	AL REGISTRAR'S S	GIGNATURE JAMES	Luca ?	6. FUNERAL DIRECT	11	lytargy	Z Ma
PATE REC'D BY LOC	AL REGISTRAR'S S	SIGNATURE June	Lack &	auf	Z (	lytarque	z Ma

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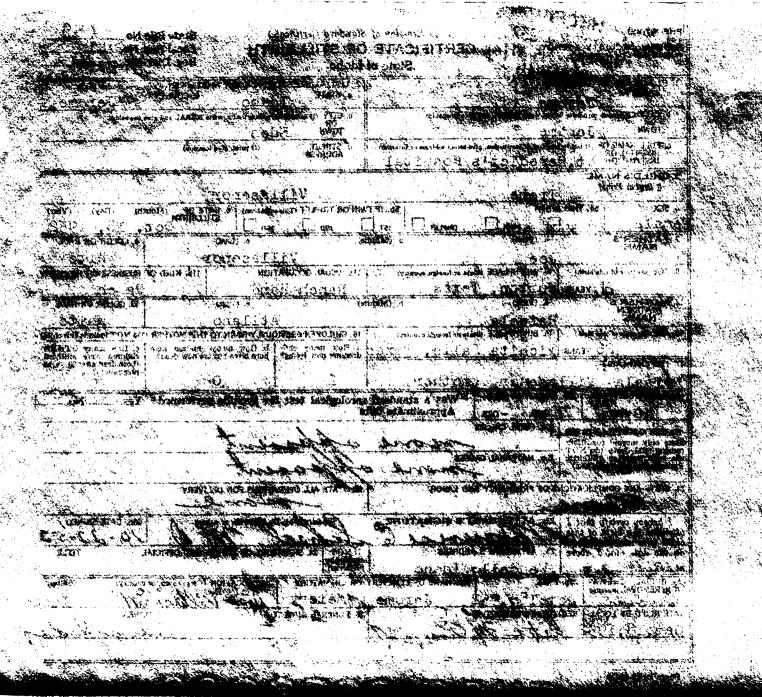
PINE-TRYIVED  1. PLACE OF STILLBIRTH 2. COUNTY Gem  1. PLACE OF STILLBIRTH 3. COUNTY Gem  1. CITY of the state occasion below the state of the second of the county of the state occasion of the state occasion of the state occasion of the state occasion occasion of the state occasion	H	ECEIVED	÷				`	
PUBLIC HEALTH SERVICE   STATE   State of Idaho   State	PHS-797(VS)	IV 7 1 1000	(1949 Revision of	Standard Certificat	e)	State File	No.	ਰ7
1. PLACE OF STILLBIRTH 2. COUNTY Gem 2. STATE Idaho COUNTY Gem 3. STATE Idaho COUNTY Gem 4. STATE Idaho COUNTY Gem 5. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 6. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 6. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township) TOWN Emmett 7. CITY (If cotable corporate limits, write RURAL and give township)	LEDEUVE SECOULT AMA	WINCYOF WIT	CERTIFICATE	OF STILLBIF	RTH	Local Reg	No. 23	
D. CITY of counted corporate limits, write RURAL and give township)   Town	POBLIC HEALTH SERVICE	VIFA:	State of	Idaho		Reg. Dist.	No. 3 40 -	34/
b. CUNTY Grow Smile corporate limits, write RURAL and give township)  C. FULL NAME OF CIT as to the benefital or institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as to the benefital or institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as to the benefital or institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefital or institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution, give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location)  Rt. 1  C. FULL NAME OF CIT as the benefit as the institution give streat address or location give streat give streat give streat address or location give streat address or location give streat give strea	1. PLACE OF STILLE			2. USUAL RESID	ENCE OF MO	THER (Whee	does mather lime?	
C. FILL NAME OF (If no is hospital or insultation, give street address or location) HOSPITATION Rt. 1  3. CHILD'S NAME STYDE OF Print)  4. SEX CEMBLE Sa. THIS BIRTH SINGLE THIS DIRTH SINGLE THIS DIRTH TRIPLET SINGLE THIS DIRTH TRIPLET SINGLE THIS DIRTH SINGLE THIS DIRTH TRIPLET SINGLE THIS DIRTH TRIPLET SINGLE THIS DIRTH TRIPLET SINGLE THIS DIRTH TRIPLET STILLBIRTH OCt. 18, 1952  7. FATHER'S  a. (First) MAXE MEANIM Albert Brill S. COLOR OR RACE White SINGLE MEANIM Albert Brill S. COLOR OR RACE White SINGLE THIS DIRTHPLACE (Shake or foreign country) TO BIRTHPLACE (Shake or foreign country) SA. (First) DO YEARS RESTORY THE STILL SUML COCCUPATION SELF SINGLE SINGLE THIS DIRTHPLACE (Shake or foreign country) S. (Middle) C. (Last) S. COLOR OR RACE White SINGLE White SET  12. MOTHER'S MAIDEN AME SET S. (First) DO YEARS REXPUTE THE HOLD STANDARD SELF SINGLE STANDARD SELF SINGLE SINGLE THIS DIRTHPLACE (Shake or foreign country) SELF SINGLE SINGLE SO THIS DIRTH SINGLE SINGLE SINGLE SO THIS DIRTH SINGLE SINGLE SO THIS DIRTH SINGLE SINGLE SO THIS DIRTH SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE SINGLE SINGLE SO THE S	a. COUNTY Ger	n						
ADDRESS Rt. 1  3. CHILD'S NAME (Type or Frint)  4. SEX 5a. THIS BIRTH SINGLE T TWIN TRIPLET (The child born)  5. LATE OF (Month) (Day) (Year)  6. DATE OF (Month) (Day) (Year)  7. FATHER'S a. (First) b. (Middle) c. (Last) STILLBIRTH Oct. 18, 1952  7. FATHER'S a. (First) b. (Middle) c. (Last) Brill White  9. AGE (As time of this birth) 10. BIRTHPLACE (State or foreign country)  7. VEARS CTOOKSTON, Nebraska farming c. (Last) self white  12. MOTHER'S a. (First) b. (Middle) c. (Last) Self SUSINESS OR INDUSTRY  7. INFORMANT Self CTOOKSTON, Nebraska farming c. (Last) self 11. USUAL OCCUPATION Self 11. USUAL OCCUPATI	OR There		rive township)	I OR	orporate limits, write Emmett	RURAL and give	township)	<del></del>
### ATTEMPORT Print   State   Sa. THIS BIRTH   Sb. IFTWIN OR TRIPLET (The child born)   S. DATE OF (Month) (Day) (Year)	c. FULL NAME OF (If no HOSPITAL OR INSTITUTION		e street address or location)	ADDRESS		ntion)		<del></del> _
Female Single   Third   Triplet   St   State		Jodith A	nn Brill					<del></del>
THE PROPERTY OF THE PROPERTY O	4. SEX 5a. TH	IS BIRTH	5b. IF T	WIN OR TRIPLET (This	shild born) 6. DAT	EOF (Mont	h) (Day)	(Year)
1. INFORMANT  Self (State of foreign country)  1. AGE (As time of this birth)  1. BIRTHPLACE (State of foreign country)  1. MATER (State of foreign country)  1. MOTHER'S  MADEN  1. MATERIAL CREMAN  1. SERTHPLACE (State of foreign country)  1. BIRTHPLACE (State of foreign country)  1. BIRTHPLACE (State of foreign country)  1. BIRTHPLACE (State of foreign country)  1. INFORMANT  2. INFORMANT	female sing	LE 🔀 TWIN		<b>,</b> —		I DIDTLI '		• •
9. AGE (As time of this birth)  9. AGE (As time of this birth)  10. BIRTHPLACE (State or foreign country)  112. MOTHER'S  NAME  113. COLOR OR RACE  MAIDEN  114. AGE (As time of this birth)  115. BIRTHPLACE (State or foreign country)  PEARS  115. BIRTHPLACE (State or foreign country)  Rexburg  116. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  117. INFORMANT  118. LENGTH OF PREC-  118. WEIGHT AT BIRTH  119. Was a standard serological test for syphilis performed? Yes.  119. Was a standard serological test for syphilis performed? Yes.  119. Was a standard serological test for syphilis performed? Yes.  120. MATERNAL CAUSES  121. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  122. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  1232. ATTENDANT'S AIGNATURE  124. ATTENDANT'S AIGNATURE  1253. BURIAL, CREMA-  1254. DATE  1555. DATE  165. DATE  170. WEIGHT AT BIRTH  170. A Sphyxia, etc.)  170. WEIGHT AT BIRTH  170. A Sphyxia, etc.)  170. WEIGHT AT BIRTH  170. A Sphyxia, etc.)  180. CCCOR OR RACE  181. CCLOR OR RACE  180. MAIDEN  181. CCLOR OR RACE  White  181. CCLOR OR RACE  White  180. CLLAST  180. MAIDEN  181. COLOR OR RACE  White  180. CLLAST  180. MAIDEN  181. COLOR OR RACE  White  180. CLLAST  180. MAIDEN  181. COLOR OR RACE  White  180. CLLAST  180. MAIDEN  180. CLLAST  180. WHITH (Do NOT include this child)  180. How many children were born dead?  180. Mail or all ve but are now dead?  180. Weight AT BIRTH  180. OZS.  180. WEIGHT AT BIRTH  180. WEIGHT AT BIRTH  180. WEIGHT AT BIRTH  180. CALL DATE SIGNATURE  180. CLLAST  180. WEIGHT AT BIRTH  180. CALL DATE  180. WEIGHT AT BIRTH  181. COLOR OR RACE  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. White  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180. CLLAST  180.			•	•	c. (Last)			RACE
The properties of the birth of this country lasted on the date stated above at 1:00 A m.  Years Crookston, Nebraska farming self  12. Mother's a. (First) b. (Middle) c. (Last) physician of the birth of this country lasted on the date stated above at 1:00 A m.  23. Event at 1:00 A m.  24. AGE (As time of this birth) (Fresh, Country) (Specific Country) (S		Maxim	Albert	;	Brill		white	
12. MATHER'S ESTHET Marcille C. (Last) (Last) White  14. AGE (At time of this birth) (YEARS FEATHER STATE)  15. BIRTHPLACE (State or foreign country) (State or foreign country) (D. How many children were stillborn (born alive but are now living) (S. How many children were stillborn (born alive but are now living) (S. How many children were stillborn (born alive but are now living) (S. How many children were stillborn (born alive but are now dead? (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH LES. OZS. Approximate date (C. How many children were born alive but are now lead?  18b. WEIGHT AT BIRTH LES. OZS. No. (C. How many children were stillborn (born dead after 20 weeks pregnancy?)  18b. WEIGHT AT BIRTH LES. OZS. No. (C. How many children were born alive but are now dead?  18b. How many children were born alive but are now dead?  18b. How many children were children were born alive but are now dead?  18b. How many children were born alive but are now dead?  19b. METERS OZS. STATE ALL OPERATIONS FOR DELIVERY  22b. DATE SIGNED OZS. STATE ALL OPERATIONS FOR DELIVERY  22b. DATE SIGNED OZS. ATTENDANT'S SIGNATURE  22c. ATTENDANT'S ADDRES. METERS SIGNATURE  22c. ATTENDANT'S ADDRES. ADDRES. ADDRES. ADDRES. ADDRES. ADDRES. ADDRES. ADDRES.	9. AGE (At time of this birth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPAT	<b>FION</b>	11b. KIND OF	BUSINESS OR I	NDUSTRY
MAIDEN NAME  Esther  Marcille  Perry  White  14. AGE (Ast time of this birth)  PERS  YEARS  PEXPLUTE, Idaho  15. BIRTHPLACE (State or foreign country)  Rexburg, Idaho  17. INFORMANT  X MARCE  18a. LENGTH OF PREG. NANCY  9 m.O. WEEK  LBS. OZS.  Approximate date  OXS.  18b. WEIGHT AT BIRTH LBS. OZS.  DATE Approximate date  1 hereby certify that I attended the birth of this child on the date stated above at 11:00 Am.  1 hereby certify that I attended the birth of this child on twas born dead on the date stated above at 1:00 Am.  MOUNTED Am.  1 hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:00 Am.  MOUNTED Am.  2 Sc. NAME OF CEMETERY OR CREMAPORY  MAIDEN  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  a. How many children were children were still born deads are now living?  b. How many children were still born deads are now living?  By Was a standard serological test for syphilis performed? Yes	31 YEA	RS Crookstor	l. Nebraska	farming		self		
NAME ESTHET Marcille Perry White  14. AGE (At time of this birth)  YEARS REXDUTE, Idaho  15. BIRTHPLACE (State or foreign country)  YEARS REXDUTE, Idaho  16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  A. How many children were stillborn (born dead after 20 weeks pregnancy?  17. INFORMANT  NAMCY  9 MO. WEEK  18b. WEIGHT AT BIRTH  18c. OZS.  19 Was a standard serological test for syphilis performed? Yes.  NO.  Approximate date  19 Was a standard serological test for syphilis performed? Yes.  NO.  19 MO. WEEK  10 D. MATERNAL CAUSES  20 D. MATERNAL CAUSES  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  23b. DATE SIGNATURE  child who was born dead on the date stated above at 1:00 A m.  MOUNT ted. Rt.  10 OLD TO THIS MOTHER (Do NOT include this child birth of this child who was born dead on the date stated above at 1:00 A m.  MOUNT ted. Rt.  11 NOT 24 SIGNATURE OF AUTHERIZED OFFICIAL TITLE  attended the birth of this child by physician for the date stated above at 1:00 A m.  25c. NAME OF CREMATORY OR CREMATORY  25d. LOCATION (City, www., or county) (Sate)  DUT 18.1  25c. NAME OF CREMATORY  ADDRESS.		1	•	•			13. COLOR OR	RACE
PEARS REXIDITY TO AND A STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 A m. MOUNITED AND STATE ADDRESS A	NAME	Estner	<u></u>	arcille	Perr	y	whit	е
17. INFORMANT    18a. LENGTH OF PREG.   18b. WEIGHT AT BIRTH   19 Was a standard serological test for syphilis performed? Yes	14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)					
18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes		Rs Rexburg	Idaho		b. How many of born alive but ar	children were e now dead?	c. How many children were	OTHER stillborn
Approximate date  OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  20c. FETAL CAUSES  20b. MATERNAL CAUSES  20c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:00 A m.  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  (Specify if M. D., midwife, or other)  23b. DATE SIGNED  Oct. 18 1956.  23c. ATTENDANT'S ADDRESS  II NOT stiended by physician  MOUNTE d. R. Stignature of Audderlied Official TITLE  TITLE  25c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, wn, or county)  (Specify)  DUT 18.1  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  26c. FUNERAL DIRECTOR  ADDRESS.	y Makain	albert	Raill	4	_		pregnancy)?	2 Weeks
OAUSE OF STILLBIETH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  20b. MATERNAL CAUSES  20c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23a. ATTENDANT'S SIGNATURE child who was born dead on the date stated above at 11:00 A m.  23c. ATTENDANT'S ADDRESS MOUNTED TITLE 32d. ATTENDANT'S ADDRESS MOUNTED TO A MOUNTED TO CREMATORY 25d. LOCATION (City, Lym, or county) 1 (Syste) 1 DUT' 12. I CREMA- 1 UON, REMOVAL (Specify) 1 DUT' 12. I CREMA- 1 OC tober 20 1952 Riverside  Emmett Ida ho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26d. FUNERAL DIRECTOR  ADDRESS.		8b. WEIGHT AT BIRTH	19.Was a standard	corplories test	on ambilia n		7700 1	<del></del> 1
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20b. MATERNAL CAUSES  22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22d. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  23a. ATTENDANT'S SIGNATURE (Specify If M. D., midwise, or other)  23b. DATE SIGNED  25c. ATTENDANT'S ADDRESS  MOUNTED Rt.  25c. NAME OF CEMETERY OR CREMATORY  DUT181  25d. BURIAL, CREMA-  LON, REMOVAL (Specify)  DUT181  25d. DATE  25c. NAME OF CEMETERY OR CREMATORY  DUT181  26d. FUNERAL DIRECTOR  ADDRESS  ATTENDANT'S ADDRESS  ADDRES	9 mo wasks	LBS. OZS.	Approximate dat	te Oza			V 39	16
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23b. DATE SIGNED  23c. ATTENDANT'S SIGNATURE  33c. ATTENDANT'S SIGNATURE  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  33c. ATTENDANT'S ADDRESS  34c. ATTENDANT'S ADDRESS  35c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, Lynn, or county)  35d. LOCATION (City, Lynn, or county)	CAUSE OF STILLBIRT	E 20a. FETAL CAUSES					7 - 7	<del></del>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR  22. STATE ALL OPERATIONS FOR DELIVERY  23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead on the date stated above at 11:00 A  MOUNTED RECORD AND SECONDARY SECONDARY SECONDARY  25c. NAME OF CEMETERY OR CREMATORY  DUT181  22. STATE ALL OPERATIONS FOR DELIVERY  (Specify if M. D., midwise, or other)  23b. DATE SIGNED  Oct. 18 1952.  11 NOT attended by physician  PARTICLE SECONDARY  (Specify)  DUT181  25c. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, twn, or county)  Cotober 20 1952 Riverside  Emmett Idaho  ADDRESS.	State only morbid condition	ne '					•	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 Am.  23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwise, or other)  23b. DATE SIGNED  Oct. 18 1952.  21 SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician physician (Specify) (Specify)  DUTIAL  23b. DATE SIGNED  Oct. 18 1952.  25c. NAME OF CEMETERY OR CREMATORY  DUTIAL  25d. LOCATION (City, Lynn, or county)  October 20 1952 Riverside Emmett Idaho  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  26. FUNERAL DIRECTOR  ADDRESS.	use such terms as Stillbirt Prematurity, Asphyxia, etc.)	h, 20b. MATERNAL CA	USES					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 Am.  23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwise, or other)  23b. DATE SIGNED  Oct. 18 1952.  21 SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician physician (Specify) (Specify)  DUTIAL  23b. DATE SIGNED  Oct. 18 1952.  25c. NAME OF CEMETERY OR CREMATORY  DUTIAL  25d. LOCATION (City, Lynn, or county)  October 20 1952 Riverside Emmett Idaho  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  26. FUNERAL DIRECTOR  ADDRESS.	21 STATE ANY COMPLICAT	IONS OF PREGNANCY A	ND LABOR	22 STATE ALL OPED	ATIONS FOR DELI	VEDV		
attended the birth of this child who was born dead on the date stated above at 11:00 A m.  25a. ATTENDANT'S ADDRESS II NOT attended by physician physician (Synchry) DUT1a1  25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, twn, or county) (Syste)  DUT1a1  25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, twn, or county) (Syste)  DUT1a1  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS.		10110 01 11120112101 71		A. STATE ALL OPER	ATIONS FOR DELI	YENI		
child who was born dead on the date stated above at 11:00 A m.  23c. ATTENDANT'S ADDRESS If NOT 24 SIGNATURE OF AUTHORIZED OFFICIAL TITLE at 11:00 A m.  25a. BURIAL, CREMA- UNITED ATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, twn, or county) UNITED OCTOBER 20 1952 Riverside Emmett Idaho  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS.	I hereby certify that		T'S SIGNATURE	(Specify if M. I	)., midwife, or oth	et)	23b. DATE SIGN	₹ED
on the date stated above at 11:00 Am.    Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date stated above at 11:00 Am.   Comparison of the date of th	attended the birth of the	como f	lmer as	rill			Oct. 18	1956
25a. BURIAL, CREMA, 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, twn, or county) (Sate)  TUN, REMOVAL (Specify) October 20 1952 Riverside Emmett Idaho  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR	on the date stated about	e 23c. ATTENDANT'S	IDDRESS	If NOT   24, SIGNA	TURE OF AUTHOR	IZED OFFICIAL		TITLE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS.	at 11:00 Am.	Mounted	(T.	physician	ne 119 Be	ath	Brone	a Gen C
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS.	25a. BURIAL, CREMA- 2	5b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	City, wn, or	ounty)	(8/4 te)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR	burial (	October 20	1952 Riv	erside	Emmet	t. Idal	no	-
Jean a Seatty   Seatty Chapel Impett, Ida.								•
	KEG.	Jean all	Seatter	DA DA	the cha	Del Mi	nmat to T	da.
	-	U		. /			7	



PUE-707(VE) 4-49 FEDERAL SECUP PUBLIC HEALTH SI	BYVISI	(1, 4 1952 OF VITA	ÇERTIFICATE	Standard Certificate OF STILLBIF  Idaho	•	State File Local Reg. Reg. Dist.		341
1. PLACE OF S a. COUNTY	TILLBIA Gem	тн		a. STATE Ida		THER (Where b. COUNTY	does mother live?) Gem	
OR		mite, write RURAL and Emmett			mett, Id	iaho	township)	
HOSPITAL OR INSTITUTION	Mary	Secor Ho	spital	d. STREET ADDRESS	723 So		vell	
3. CHILD'S NA		Baby (	ovington					
4. SEX male	5a. THIS		TRIPLET 1ST	TWIN OR TRIPLET (This c	hild born) 6. DAT STIL	E OF (Mont LBIRTH Oct		(Year) 1952
7. FATHER'S NAME		a. (First) Lawrence	b. (Mid Ie <b>o</b>	-	c. (Last) .ngton		8. COLOR OR 1 White	RACE
9. AGE (At time of t		10. BIRTHPLACE (8 Augusta,	Montana	fuelman	TION	lumber	BUSINESS OR II	NDUSTRY
12. MOTHER'S MAIDEN NAME		<sup>a. (First)</sup> Freda	b. (Mid E <b>11</b> 6		c. (Last)	ess	13. COLOR OR White	
14. AGE (At time of the second	YEARS T	L	State or foreign country)  [da,ho	a. How many children are now living?	b. How many of born alive but ar		c. How many children were (born dead after pregnancy)?	OTHER stillborn
18a. LENGTH OF P. N./	REG-   18b.	WEIGHT AN BIRTH LBS. OZS.	19 Was a standard Approximate de	serological test i	or syphilis p	erformed?	yes	Vo. 15
OAUSE OF STII State only morbid causing fetal death use such terms as Prematurity, Asphy		20a. FETAL CAUSE		puar to	m of	pla	y36.	74
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE OL OPER	ATIONS FOR DEA	VERY	Sech	i
I hereby certi attended the bir child who was b on the date stay at	th of this orn dead	23a. ATTENDANT'S	NT'S SIGNATURE  LIGHT .  ADDRESS  MUST SALE	Carlin	D., midwife, or oth TURE OF AUTHOR	<u> </u>	23b. DATE SIGN	IED S 2 TITLE
25a. BURIAL, CRE TION, REMOVAL (8) DUT 1 a 1		DATE t.24,1952	25c. NAME OF CEMETER Riverside	RY OR CREMATORY	25d. LOCATION Emme t	City, town, or L. Idal		(State)
DATE REC'D BY LO	CAL REG	SISTRAR'S SIGNATUR	Seatty	26, FUNERAL DIRECT	tty Cha	PS de pel	Emmett,	Ida.

Wall dos Maria 10 S. P. C. S. P. C. S. C. COMPANY OF THE PARTY WAS A med Train Markette and 12 17 seep on Louistan Charles VII 14 deliancing is Secriti William San Come William Year this make Car (Manue) De Coar & Commander Texts Southful at the Table 1 The property of the property o THE PLANT OF STREET STREET STATES OF A STATES OF CONTRACTOR SERVICES CONTRACTOR OF TO NO. A MICHAEL M. SOCIETY OF THE SERVICE OF T All actions of the standard scientifications of the particular to Minute M. Marketty Courses STREET, CHERNISH SCHOOL OF STREET THE ANY COMPLETENCES OF PROGRAMMY THE LAND THE WAR I THE STREET OF STREET (Application of the second state of the second Det. 25 Parts State 20 20 The property of

PHS-797(VS)	OCT 23 1952	(1949 Rev	ision of	Standard Certifica	te)	State File	No. 1	89
FEDERAL SECUR PUBLIC HEALTH SE	ASSOCIATE VIT	AL CERTIFIC	ATE	OF STILLBI	RTH	Local Reg	No41	
DI	STATISTICS	S	tate of	Idaho		Reg. Dist.	No. 4	<u> </u>
1. PLACE OF S				2. USUAL RESI	DENCE OF MO	OTHER (When	e does mother live	7)
a. COUNTY	Jerome		-	II a CTATE	daho	b. COUNTY	Jer	
b. CITY (Foutsid	e corporate limits, write RUI	RAL and give township)		c. CITY (If outside	corporate limits, write	RURAL and give		
TŎŴN	Jerome			u Ort	den			
c. FULL NAME O HOSPITAL OR INSTITUTION	St. Benedic	et's Hospit		d. STREET ADDRESS	(If rural, give le	ocation)		
3. CHILD'S NA ((Type or Print								
[ Type of Find	' Irene			Vil	lasenor			
4. SEX	5a. THIS BIRTH		5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
remale	SINGLE TWIN	TRIPLET	1ST [	2ND	3RD   311	C t	. 18,	1952
7. FATHER'S NAME	a. (First)		b. (Midd	•	c. (Last)		8. COLOR OR	RACE
	Joe			Vi	llasenor	ق	Whi	te
9. AGE (At time of the	hie birth)   10. BIRTHPL	ACE (State or foreign count	ry)	11a. USUAL OCCUPA			BUSINESS OR	INDUSTRY
2	4 YEARS Nortor	ı, Texas		Ranch H	and	<b> </b>	Ranch	
12. MOTHER'S MAIDEN	a. (First)	-	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
NAME	Rafae				Atilano			ite
14. AGE (At time of the		ACE (State or foreign count		16. CHILDREN PREV				
	6 YEARS Wichit	ta Falls, T	exas	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	OTHER stillborn
17. INFORMANT	_	, <u>.</u>	!				(born dead aft pregnancy)?	er 20 weeks
Rafaela	<u>Villasenor</u>			2	1 0		0	
18a. LENGTH OF PR NAI LO WEEKS	NCY 7 LBS.	OZS. Approxim	andard ate dat	serological test	for syphilis p	erformed?	Yes	No.X
CAUSE OF STIL		CAUSES		11	4	У.	39.6	
State only morbid causing fetal death use such terms as	conditions (do NOT	no	ne	appa	oens	/		
Prematurity, Asphyr	ria, etc.)	non	e e	place	ent			
21. STATE ANY COM	one	ANCY AND LABOR		22 STATE ALL OPER	RATIONS FOR DEL	IVERY		
I hereby certif- attended the birth	y that I 23a.	NDANT'S SIGNATI	JRE	Specify M.	D. Midwife, or oth	oer) /	23b. DATE SIG	NED,
child who was bo	rn dead	aurece	<u>(6.</u>	Schel	e m	. 49.	10-2.	2-5-2
on the date state		ANT'S ADDRESS		If NOT   24. SIGN/ attended by	TURE OF AUTHO	RIZED OFFICIAL	Ļ	TITLE
at 12:10	11 024 01			physician				
25a. BURIAL, CREM TION REMOVAL (Sp.	MA- 25b. DATE  offy)  Oct. 18, 1	. 1		or crematory Come tory	25d LOCATION OF OTO	(City, town, or	county)	(State) Idaho
DATE REC'D BY LO	CAL REGISTRAR'S SIG			26. FUNERAL DIREC	тор	AD	DRESS	0
Oct.18,18	752 Sister	M. Prages	1517			60	lens	Lla
		7					-	,



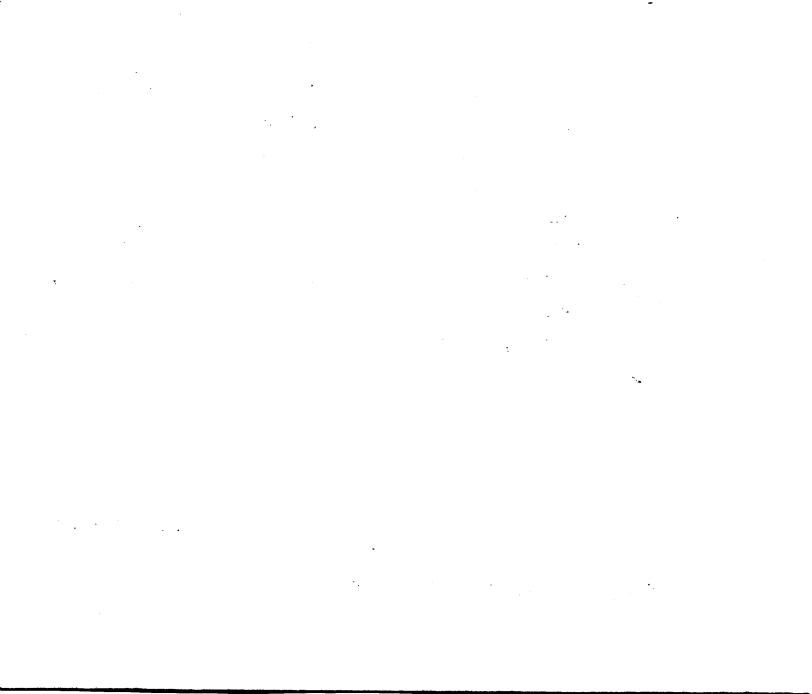
PHS-797(VS) 4-48 FEDERAL SECURI	TY AGE		(1949 Revi	sion of	Standard Certifica OF STILLBI	ite)	State File		120
PUBLIC HEALTH SE	SVICE E	V 1 1952	S	tate of	Idaho	KIN		No2	20
1. PLACE OF ST a. COUNTY	SWE	TH OF VII	Ala		2. USUAL RESI	DENCE OF MO	DTHER (When	e dose mother live NezPerce	) <b>?</b> )
b. CITY (II outside OR TOWN		mits, write RURAL and Ston,	i give township)		c. CITY (If outside	corporate limite, write Lewiston,	RURAL and give	e township)	
c. FULL NAMESON HOSPITAL OR INSTITUTION		Joseph H	dive street address or le ospital	ocation)	d. STREET ADDRESS	(If rural, give le 611 <del>2</del> 25			
3. CHILD'S NAM ((Type or Print)		Baby	Girl		Blevins				
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET (This	ehild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female	SINGLE	TWIN L	TRIPLET	1ST		3RD	Oc	t. 22,	1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OF	RACE
	1	Kyle		rles		Blevins		White	9
9. AGE (At time of thi	a birth)	10. BIRTHPLACE (	State or foreign countr	<b>3</b> 7)	11a. USUAL OCCUPA	ATION	1	BUSINESS OR	INDUSTRY
38	YEARS	No.Caro	lina		Carpente	r	Bu <b>k</b>	lding	
12. MOTHER'S MAIDEN NAME		a. (First) Donna		b. (Midd	ile)	c. (Last) Pecave	t	13. COLOR O	
14. AGE (At time of thi	s birth)	15. BIRTHPLACE (	State or foreign countr	'y)	16. CHILDREN PREV	IOUSLY BORN TO	THIS MOTHER (	(Do NOT includ	le this child)
2,4 17. INFORMANT	YEARS	Oregon			a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children wer (born dead aft	e stillborn
Kyle C.	Bl	euns				0	)	pregnancy)?	2
18a. LENGTH OF PRE NAN CYM WEEKS	EG- 18b. CY	WEIGHT AT BIRTH LBS. OZS.	19.Was a sta Approxim	indard ate da	serological test te	for syphilis p	erformed?	Yes // // // // // // // // // // // // //	
CAUSE OF STILL State only morbid of	nnditions	20a. FETAL CAUSE	Hydro	cep	hali - Er	ulrezone	i arre	7-	
causing fetal death ( use such terms as S Prematurity, Asphyx	tillbirth, la, etc.)	20b. MATERNAL C	AUSES	<del></del>					
21. STATE ANY COM		S OF PREGNANCY	AND LABOR		22. STATE ALL OPE	RATIONS FOR DEL			
I hereby certify attended the birth child who was bor	of this	23a. ATTENDA	NT'S SIGNATI	IRE 129	Medae (Specify if M.	D., midwife, or oth	her)	23b. DATE SIG	SNED 2-5-L
on the date stated		23c. ATTENDANT'S	ADDRESS		If NOT 24. SIGNA attended by physician	ATURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL. CREM TION, REMOVAL (Speed Burial	A- 25b.	<b>DATE</b> -22-52	Normal		OR CREMATORY Cemetery	Z5d. LOCATION Lewist	(City, town, or	•	(State)
Oct 22, 19		PRAR'S SIGNATUR			26. FUNERAL DIRECT			DRESS Le	riston, daho
		/	/		•			<del>.</del> •	

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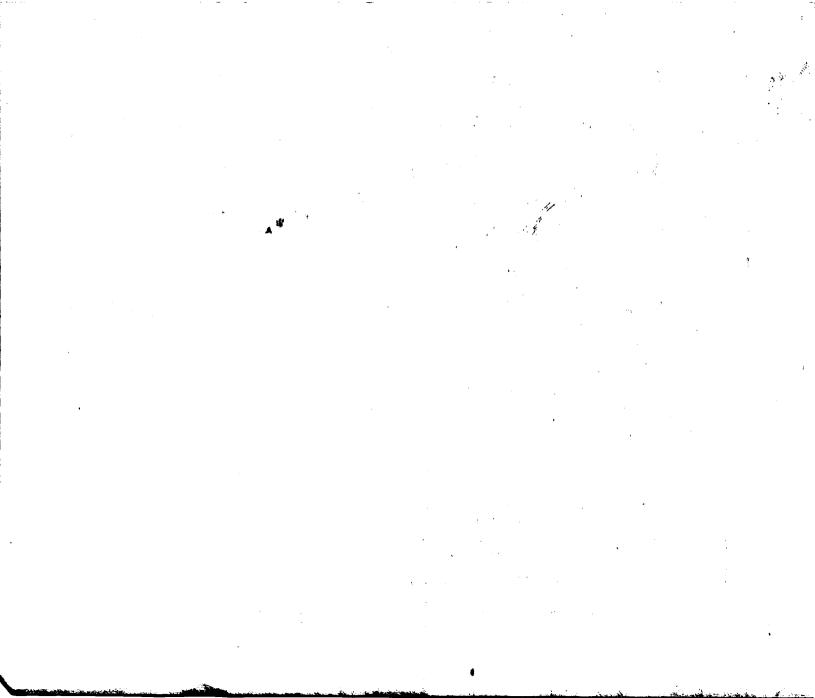
PHS-797(VS)	MECELV.	010 Parisian of	Standard Conticent			10	1
4-48 CECURITY	The July of The		Standard Certificate		State File Local Reg		*****
PUBLIC HEALTH SEGME	121011		OF STILLBIF	KIM	Reg. Dist.	No 530	******
	STATION	State of					
a. COUNTY Once			2. USUAL RESID			does mother live?)	
a. COUNTY One:	ıda	-	a. STATE Ida	aho	b. COUNTY	Oneida	
b. CiTY (If outside corpo	orate limite, write RURAL and give tow	nahip)	c. CiTY (If outside or OR	rporate limits, write	RURAL and give	township)	
town Mala			TOWN I	[alad			
c. FULL NAME OF CH	not in hospital or institution, give street neida Hospital	address or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
INSTITUTION OF	neida Hospital		1 ADDRESS 25	8 West	500 No.	rth	
3. CHILD'S NAME							
(Type or Print)	(Stillborn)Ba	aby Boy H	les <b>s</b>				
4. SEX, 5a.	THIS BIRTH	,5b. 1F T	WIN OR TRIPLET (This e	hild born)   6. DAT	TE OF (Mon	th) (Day), (Y	(ear)
Male su	NGLEX TWIN TRI	PLET   1ST	7 [7]	3RD STI	LEBIRTH CT	ober 6 19	952
7. FATHER'S	a. (First)	b. (Midd		c. (Last)		8. COLOR OR RAC	Ē
NAME	Rav	Leonard	1	Hess		Wht.	
9. AGE (At time of this birt			11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR INDI	ISTRY
40	ears Oklahon		Farming		Own F		,,,,,,,
12, MOTHER'S	a. (First)	b. (Midd		c. (Last)		13. COLOR OR RAG	CF
MAIDEN NAME	Mildred	(		bbins		Wht.	J.
14. AGE (At time of this birt	<del>- · · · · · · · · · · · · · · · · · · ·</del>	reign country)	16. CHILDREN PREVIO		THIS MOTHER /	Do NOT include this	abild\
38 6	EARS Idaho	ough country)				c. How many OT	HER
17. INFORMARY	ians		a. How many children are now living?	b. How many born alive but a	re now dead?	children were stil (born dead after 20 v	lborn
10,11/10	100 Malad	Idaho	4	0		pregnancy	
18a, LENGTH OF PREG-	17 W						
NANCY	_   YV:	as a standard pproximate da	serological test f	or syphilis p	erformed?	1 1 ZZ (Y"	
WEEKS	200 SETM CALIERS	pproximate da		$\leftarrow$	$\mathcal{J}$	10 307.	0
CAUSE OF STILLBIR State only morbid condi-		mm	1 Cm/	mu	INU	12012	m
causing fetal death (do I use such terms as Stillb	NOT 20b. MATERNAL CAUSES	1000	(1)	4		Mille	7/
Prematurity, Asphyxia, et	(c.)	1411	De M			107.1	
21 STATE ANY COMPLIC	ATIONS OF PREGNANCY AND LA	00000	22. STATE ALL OPERA	TIONS FOR RE		+ see	<u>e</u>
	MINUTER AND LA	BOR .	2. STATE ALT UPER	TIONS FOR DEL	IVERY	Musica	24
			m	uin	w		4.1
I hereby certify the attended the birth of		TORE L	Pocify if M. I	o., midwife, or oth	MET)	23b. DATE SIGNED	w
child who was born d	lead		7 10	· ,		10-6	2
on the date stated al	bove 23c. ATTEMPANT'S ADDRES		attended by	TURE OF AUTHO	RIZED OFFICIAL	L TITI	"E
at m	·	Jug	physician	<u> </u>			
25a. BURIAL, CREMA- TION REMOVAL (Specify)	4	AME OF CEMETERY		25d. LOCATION			ate)
		alad City	/	Malad,	meida,	таало	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTO	OR M	AD	DRESS	
lot. 7.1952	Jony /b	man	Jon	, elen	iala iala	d Idaho	
(							
			-				

1. 1.1

PHS-797(VS) 4-48	OCT 1 5 1952 ERTIFI	evision of Stand	tard Certificate)	State I	ile No1. 3.2
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	105 ERTIFI	CATE OF	STILLBIR	TH Local I	Reg. No
,	OF VITAL	State of Idal	ho	Reg. D	ist. No
1. PLACE OF STILL	HATISTICS	2. U	SUAL RESIDE	NCE OF MOTHER (	Where does mother live?)
a. COUNTY Payeti			STATE Idah	b. COUNT	Y Washington
b. CITY (If outside corporate li OR	imits, write RURAL and give township)	11	OR	porate limits, write RURAL and	
TOWN Paret			town Weis	3 <b>T</b>	
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give street address	or location) d.	STREET ADDRESS	(If rural, give location)	
INSTITUTION PAVE	te Valley Memorial	Hospital	120	Bast Park Str	eet
3. CHILD'S NAME					
((Type or Print)	BABY BO	<b>Y</b>	ROK		
4. SEX 5a. THIS			R TRIPLET (This chi	ild born) 6. DATE OF (1	Month) (Day) (Year)
Me le SINGLE	TWIN TRIPLET	]   1ST	2ND 31	RD STILLBIRTH	ctober 3, 1952
7. FATHER'S NAME	a. (First)	b. (Middle)		c. (Last)	8. COLOR OR RACE
	lliam	James		Roe	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign con	intry)   11a.	USUAL OCCUPATI	ON   11b. KINI	O OF BUSINESS OR INDUSTRY
7.7 YEARS	Midwale, Idaho	Ge.	rpenter	Contr	ractor
12. MOTHER'S MAIDEN	a. (First)	b. (Middle)		c. (Last)	13. COLOR OR RACE
	rien			Otto	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign co	untry) 16. C	CHILDREN PREVIO	USLY BORN TO THIS MOTH	ER (Do NOT include this child)
/1 YEARS	Chicago, Illingia	a. H	low many chilare new living?	b. How many children w born alive but are now dead	vere c. How many OTHER 1? children were stillborn
17. INFORMANT	Weis	er, Idaho		DOLL MILTO DEV ON DEV TON	(born dead after 20 weeks pregnancy)?
Willia	- 9 HOE	,	3	<b>O</b> (	O
18a. LENGTH OF PREG-   18b	. WEIGHT AT BIRTH   19 Was a	standard sero	logical test fo	r syphilis performe	d? Yes No
98 WEEKS		imate date		957 _	V3214
CAUSE OF STILLBIRTH	20a. FETAL CAUSES				
State only morbid conditions	·		•		,
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES	0 4			
Prematurity, Asphyxia, etc.)	C1	lauge	rea		
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR	22. S	STATE ALL OPERA	TIONS FOR DELIVERY	
1 Nahili	4	1.	Non	ہے	
I hereby certify that I	23a. ATTENDANT'S SAGNA	TURE /	(Specify if M. D.	., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	John,	Trea	in	M.I	0. Octobez 3, 1952
on the date stated above		IIN	OT 24. SIGNAT	URE OF AUTHORIZED OFF	ICIAL TITLE
at 5:30 m.	1 payette 30	attend phys			
25a. BURIAL, CREMA- 25b TION, REMOVAL (Specify)	. DATE 25c. NAME O	F CEMETERY OR		25d. LOCATION (City, tow	
Firial O	ct. 4, 1952 Roseda	le Memori	al Park	Payette, Idah	3
DATE REC'D BY LOCAL REG.	GISTRAR'S SIGNATURE	26. F	UNERAL DIRECTO	OR OCL	ADDRESS
Oct 3, 1952	Jedus Erl	alle 9	ulfark	K Shaff	Payette, Idaho
7	7		//		
1		U	-		



	RECEIVE	•				•	0.0
PHS-797(VS)	CT 27 1952	(1949 Revision of	Standard Certificat	e)	State File	No 1	93
FEDERAL SECURITY A	FCT 7 ( 1904	GERTIFICATE			Local Reg		7
PUBLIC HEALTH SERVICE	121014	State of		*111		No. 46	2
L DI ACE OF CTILLE	STATIST	Didie O			-	-	
1. PLACE OF STILLB	IRTH		2. USUAL RESID	ENCE OF MC	THER (When	e does mother live	(T)
- WIT	1 Falls		a. STATE	zho	b. COUNTY	win I	ilk
b. CITY (If outside corporate	s limits, write RURAL and	give township)	c. CITY (If outside o	oppgrate limits, write	RURAL and give	e township)	
TOWN /win	Fall5		TOWN (	asteL	d		
c. FULL NAME OF CIT not HOSPITAL OR INSTITUTION	in hospital or institution, gi	Ma	d. STREET ADDRESS	(If rural, give lo	cation)		<del></del>
3. CHILD'S NAME	uc vulley	Memoria /	<u> </u>				
(Type or Print)	'Ja	ry Howa	rd Thom	15011 .			
4. SEX 5a. THIS	S BIRTH	.5b. IF T	WIN OR TRIPLET (This	shild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
single	E V TWIN	TRIPLET 1ST	2ND	3RD SIII	LBIRTH Seb 7	t. 27.	1952
7. FATHER'S NAME	. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	John F	Yeram The	omson			Whit	<b>4</b> ,
9. AGE (At time of this birth)	10. BIRTHPLACE (St		11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
<i>3</i> / year:	s Ba	h Vdahu	Farme	er			
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		13. COLOR OF	RACE
NAME	Laura	, 7	rene	Blackhe		16	4
14. AGE (At time of this birth)	15. BIRTHPLACE (8)	tate or foreign country)	16. CHILDREN PREVIO			To NOT took	a this shild
29 YEARS	1 / 11	Cad Sill	a. How many chil-	b. How many		c. How many	
17. INFORMAND	1 (13/16)	ore yacho	dren are now living?	born alive but ar	e now dead?	children were	still born
11/1/1	V 05.0	· ,	/	1		(born dead after pregnancy)?	SE 24, MORKS
your 1	Mon	reon	/	0		non	e.
LENGTH OF PREG- 18	0 0	19 Was a standard	serological test i	or syphilis p	rformed?	Yes	No
38 WEEKS	LBS. / J OZS.	Approximate da	te.			V36	6
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	}				<del>y</del>	72
State only morbid conditions	8					/	
causing fetal death (do NOT use such terms as Stillbirth	, 20b. MATERNAL CA	USES					
Prematurity, Asphysia, etc.)		Fibrosis of p	la <b>c</b> enta wit	th fetus o	leath		
21. STATE ANY COMPLICATION	ONS OF PREGNANCY A		22. STATE ALL OPERA				
Fibrosis o	f placenta		None				
I hereby certify that I		IT'S SIGNATURE		omidwife, or other	1	23b. DATE SIG	NED
attended the birth of this		11 / 1	(Specify III. 1		***	20. DATE SIG	NED
child who was born dead on the date stated above		ADDRESS				11-11	<u></u>
atm.	23c. ATTENDANT ST	ADDRESS	If NOT 24. SIGNAT attended by physician	TURE OF AUTHOR	IZED OFFICIAL	L	TITLE
25a. BURIAL, CREMA- 25i TION, REMOVAL (Specify)	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or	county)	(State)
DATE REC'D BY LOCAL   RE	GISTRAR'S SIGNATURE		26 FUNEDAL DISCOT			DOFOC	
REG.	. SIGNATURE	`     //     `	26. FUNERAL DIRECTO	UR	AD	DRESS	
10-10-52 a	Konna	mark	,				
				<del></del>			



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PHS-797(VS)	REC	CEIVED	(1949 Revision of	Standard Certificat	e) S	tate File No	7 O 7
4-48 FEDERAL SECU! PUBLIC HEALTH S	RITH AGE	NCY 1959	CERTIFICATE	OF STILLBIE		ocal Reg. No	18
PUBLIC HEALTH S	SERVICE V	OF VITA		i Idaho			40
			_ Sidie c			_	
1. PLACE OF S	STILL	WHALLCE	•	2. USUAL RESID	ENCE OF MOTH		r livet)
u. 0001111	1 w	in tall	a,	a. STATE	dalio "	COUNTY	iles
b. CITY (If outsi	de corporate	limite, write RURAL and	i give township)	c. CITY (If outside of	orporate limits, write RUI	RAL and give township)	
OR TOWN	Tw	in D-al	١ ٠	TOWN P	しょ ナ		
c. FULL NAME	OF (If not in	hospital or institution,	rive street address or location)	d. STREET	(If rural, give location	n)	<del></del>
HOSPITAL OF INSTITUTION	ma	in 1/288	. m Ol	ADDRESS		~	
3. CHILD'S NA	AME	100	The A	7			<del></del>
(Type or Prin	nt)	Baby'	Kalhbu	٠ ( ) ر	· · · · · · · · · · · · · · · · · · ·	1241	
4. SEX	LE. TIME	PIDTU		- F	irry yene	. Itath bu	
4. SEX	5a. THIS		5b. IF	TWIN OR TRIPLET (This	bhild born) 6. DATE O	F (Month) (Da	ay) (Year)
Trace	SINGLE		TRIPLET 1ST	2ND	3RD	Qd. 31	1-1952
7. FATHER'S NAME	Ω	a. (First)	b. (Mid	dle)	c. (Last)	8. COLOR	R OR RACE
	Lua	ne	Delorres	t Ra	the same	w	Lite.
9. AGE (At time of	this birth)	10. BIRTHPLACE (	State or foreign country)	11a. USUAL OCCUPAT	TION   116	. KIND OF BUSINESS	OR INDUSTRY
32	YEARS		as	Comme			
12. MOTHER'S		a. (First)	b. (Mid	dle)	c. (Last)	1 13 COLO	R OR RACE
MAIDEN	<b>9</b>	welien.			Par Dan	10. 0020	O F
14. AGE (At time of	this hirth)	15 RETHPLACE	State or foreign country)	16 CHILDDEN BREVIO	DUST V DODN TO THE	MOTITO OF WORK	<del>mu</del>
14. ADE (AL LILLE OF		1 A D	O COUNTRY)	a. How many chil-	DUSLY BORN TO THIS		
<u>~ ~ /</u>	YEARS	colo	iado	dren are now living?	b. How many child born alive but are no	w dead?   children	many OTHER were stillborn
17. INFORMAN	1.1	P	100	<i>3</i>	_	(born dead	d after 20 weeks y)?
Du.	ane	- (1) al	Koun		non	と 1 か	one.
18a. LENGTH OF P		WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis perfe	rmed? Yes	No
30 WEEK		LBS. 12 OZS.	Approximate da	te June		\	136.5
CAUSE OF STIL	LRIRTH	20a. FETAL CAUSE	S	4 / 1	6 . 1	•	1
State only morbid	conditions	· ·	Placental	intarcts	"I deg	encrative	e Changes
causing fetal death	(do NOT Stillbirth,	20b. MATERNAL C	AUSES		<u> </u>		
Prematurity, Asphy	yxia, etc.)	7	oxemia -	Hyperten	sion - Lo	w Kidney	Reserve
1. STATE ANY CO	MPLICATIO	NS OF PRESNANCY		- / /	ATIONS FOR DELIVER		
MA DADA	_Z	todemi	4 . ^	L. SIMIL ALL OF LA	AAA9	•	
77000			(IZIG GIGNIAZIO	74			
I hereby certi attended the biri		23. ATTENDA	NT'S SIGNATURE	(Specify if M. I	O., midwife, or other)	23b. DATE	
child who was b	orn dead			erver!	m.Q	, oct	31,1952
on the date stat	. •	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHORIZE	D OFFICIAL	TITLE
	$I_m$ .	riler	Idaho	physician			
25a. BURIAL, CRE	MA- 25b	. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City	, town, or county)	(State)
NON, REMOVAL (8)	ecty)	11-1-52	Filer IDO	of Com	=======================================	J. Acho	
DATE REC'D BY LO	CAL REC	SISTRAR'S SIGNATUR		26. KUNERAL DIRECT	OR)	7 - MDDRAGE	
	REG.	1.	" <b>y</b> / .	The state of	7.11 ·	MILE	, T. C. C.
10-31-51	a	anna	mand)	1 July 1 1	mmon -	Twin P	<del>alls, I</del> da
				• /	1		•
	==	··		<del></del>	<del></del>		

The state of the s Township Major with the control of t The second secon

PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE (1949 Revision of SERVICE)	TH Local Reg	. No <b>4.3</b> 0	
State o	f Idaho	Reg. Dist.	No. 3.70
1. PLACE OF STILLBIRTH a. COUNTY Ada	2. USUAL RESIDE	ENCE OF MOTHER (When	a does mother live?)
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	c. CITY (If outside con OR TOWN	rporate limits, write RURAL and give	s township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital-	d. STREET ADDRESS 25	(If rural, give location)  70 2 Trene	st.
	nger.		
4. SEX   5a. THIS BIRTH   5b. IF	TWIN OR TRIPLET (This ch	aild born) 6. DATE OF (Mon STILLBIRTH	th) (Day) (Year)
7. FATHER'S B. (First) b. (Mid	dle)	c. (Last) Tranger.	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)  22 YEARS Cheupenne Muco.	11a. USUAL OCCUPAT	ion 116. KIND OF	BUSINESS OR INDUSTRY MAN VMCQ
12. MOTHER'S B. (First) b. (Mid NAME DOWN ACK! 12	dle)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)  15. BIRTHPLACE (State or foreign country)  YEARS  YEARS	a. How many chil-	D. How many children were	c. How many OTHER
17. INFORMANT BULER GRANGER	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 2º weeks pregnancy)?
18a. LENGTH OF PREGNANCY NANCY WEEKS 18b. WEIGHT/AT BIRTH 19 Was a standard Approximate de	serological test fo	or syphilis performed?	Yes. X. No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES  State only morbid conditions  Atelectasis of	unss		7
causing letal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  Premature labor	_ Cause	unknown.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead . However & . How	(Specify if M. D	., midwife, or other)	236. DATE SIGNED 12 November 1952
on the date stated above at 5 2. R. m. Boise, Idaha	If NOT attended by physician 24. SIGNAT	ure of authorized official	L TITLE.
25a. BURIAL, CREMA- TICN, REMOVAL (Bpootty)  11/12/51  St. Jake	Stocktet	25d. LOCATION (City, town, or	opunty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  11-14-52  Negatie Talmer	26. FUVERAL DIRECTS	h. Outer M. S.	H. L. kis Straf.
			Brise, State

Trent Transer The same of the white same but the same of A Land Champal and College to the test to polynomic benefits a sold of SELVERY BOURNES OF THE O Complete to the state of the st SIGNEDINE.

PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEI	OV 22	1952		ICATE	Standard Certi OF STILL		State Fi Local Ra Reg. Dis	eg. No	
					State of				•••	**********
a. COUNTY	TILLBIR	A.d	la.			2. USUAL RE a. STATE I	SIDENCE	OF MOTHER (WI b. COUNTY		o?)
b. CITY (If outside OR TOWN	oorporate li Bo	_	RAL and gi	ve township)		c. CITY (If outs OR TOWN	ide corporate Bois	limits, write RURAL and a	rive township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in S	hospital or insti t. Luke	itution, give	street address	or location)	d. STREET ADDRESS	2917	ural give location) Smith		
3. CHILD'S NA										
(( Type or Print	)		Ge.i	il	Ann	Griffi <sup>*</sup>	<b>t</b> h			
4. SEX Female	5a. THIS		N	TRIPLET	5b. IF T	WIN OR TRIPLET	This child born	6. DATE OF (M. STILLBIRTH NO	onth) (Day) v. 10, 19	(Year) 952
7. FATHER'S		a. (First)	····		b. (Mide			. (Last)	8. COLOR OF	
NAME		Hubert	;			<b>A.</b>	Griff:	•	White	
9. AGE (As time of th	is birth) YEARS			te or foreign co		Salesman	UPATION	IIb. KIND (	of Business or	INDUSTRY
12. MOTHER'S MAIDEN NAME		a. (First)  Marga	ret		b. (Midd Jeann	•	_	. (Last) rosswait	13. COLOR O	
14. AGE (At time of th	is birth)	15. BIRTHP	LACE (Sta	te or foreign co	untry)	16. CHILDREN PI	REVIOUSLY	BORN TO THIS MOTHE	R (Do NOT includ	de this child)
30	YEARS			Io	wa	a. How many o	hil- b. Ho	w many children wer alive but are now dead?		V OTHER
17. INFORMANT	Ta.	a.il	n v	)17 Smi Dise, I		2		O C	(born dead aft pregnancy)?	ter 20 weeks
18a. LENGTH OF PR NAM WEEKS	NCY	/ //	BIRTA	<sup>19</sup> Was a Approx	standard imate da	serological te te	st for sy	philis performed	Yes	No
CAUSE OF STILI State only morbid of	onditions	20e. FETAL	CAUSES	gula	etes	i of Co	rd		/	2010
causing fetal death use such terms as a Prematurity, Asphys	stillbirth,	20b. MATER	RNAL CAU	<b>S</b> JS		0				
21. STATE ANY COM	PLICATION	S OF PREGN	IANCY AN	LABOR	en.	22. STATE ALL C		FOR DELIVERY	n Z	
I hereby certify attended the birth child who was bo	of this	230-1	ENDANT CLL	1 Zu	TURE	(Specify if		wife, or other)	23b. DATE SIG	
on the date state at 5 AN	d above	23c. ATTEN	DANT'S A	DDRESS		If NOT 24. Si attended by physician	GNATURE O	F AUTHORIZED OFFIC	IAL	TITLE
25a. BURIAL, CREM TION REMOVAL (Spec BURIAL	NOV.	DATE 7. 12,	1952		r cemeter verdal	OR CREMATORY		OCATION (City, town, Boise, Idaho	-	(State)
DATE REC'D BY LOC	AL REGI	STRAR'S SIG	NATURE	Pal	mes	26. FUNERAL DIE	RECTOR	Boise	ADDRESS . Idaho	
		T					McBr	atney-Alden		

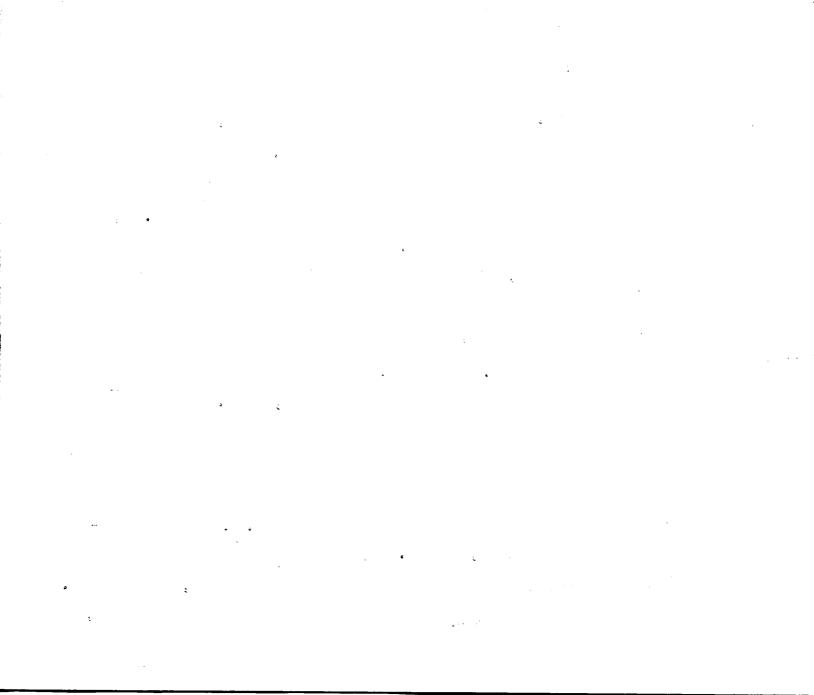
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PHS-797(VS)	10E2		Standard Certificate		State File	No	ڊالا لما
FEDERAL SECURITY ACTE	RCT VITAGE	RTIFICATE	OF STILLBIF	RTH	TOCAL LACK, MONTHUM		
DIVIS		State of	Idaho		Reg. Dist.	No5/	***************************************
I. PLACE OF STILLBI a. COUNTY Bannocl	K		2. USUAL RESID a. STATE Ida	ENCE OF MO	THER (Where	does mother live! Bannock	<del></del>
b. CITY (If outside corporate if OR TOWN Pocate)		township)	c. CITY (If outside or OR TOWN	Pocate limits, write		township)	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Banno	hospital or institution, give at ck Memorial H		d. STREET ADDRESS	(If rural, give los	1 South		
3. CHILD'S NAME		oopi da i	· · · · · · · · · · · · · · · · · · ·	TOUGH T	1 Dough		
(Type or Print)	BOYD ANDERS	ON MAC ARTH	R. JR.				
4. SEX 5a. THIS	BIRTH		WIN OR TRIPLET (This	hild born) 6. DAT	E OF (Mont	h) (Day)	(Year)
Male single		TRIPLET 1ST	2ND	3RD   STIE	LBIRTH NOV	mber 1	1952
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Boyd	Andersor	1	MacArthur		White	•
9. AGE (At time of this birth)	10. BIRTHPLACE (State of		11a. USUAL OCCUPAT	NOI	11b. KIND OF	BUSINESS OR I	NDUSTRY
30 years	Churchill,	Idaho	Machinist H	elper	Naval Or	dnance l	Plant
MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	
NAME	<u>Pauline</u>	Juani		Willoug		White	
4. AGE (At time of this birth)	15. BIRTHPLACE (State of		16. CHILDREN PREVIO			Do NOT include	this child)
33 years	Fontanet, I	ndiana	a. How many chil- dren are now living?	b. How many born alive but ar	children were e now dead?	c. How many children were (born dead after	OTHER stillborn
. INFORMANT						(born dead after pregnancy)?	20 weeks
Pauline MacA			Six	None		None	3
33 WEEKS	WEIGHT AT BIRTH 19:	Was a standard Approximate dat	serological test f	or syphilis pe	erformed?	Yes. A	Voo
	20e. FETAL CAUSES		··			y 201	
DAUSE OF STILLBIRTH tate only morbid conditions	None					′	
ausing fetal death (do NOT se such terms as Stillbirth, rematurity, Asphyxia, etc.)	20b. MATERNAL CAUSE	5					<del></del>
rematurity, Asphyxia, etc.)	Eclamptic	toxemia of	pregnancy				
I. STATE ANY COMPLICATION			22. STATE ALL OPERA	TIONS FOR DELI	VERY		<del></del>
clamptic toxemi			Laesarean !	Section			
I hereby certify that I	23a. ATTENDANT'S	SIGNATURE	Specify if M. D	nigwife, or gra	T)	23b. DATE SIGN	ED
ttended the birth of this   hild who was born dead			1/WLU	M'AC	)	11-3-52	
n the date stated above	23c. ATTENDANT'S ADD	RESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIAL		TITLE
t & 35 A m.		daho l	physician				
ION, REMOVAL (Specify)	}	. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (	City, town, or	ounty)	(State)
Removal 1.		<u>ountainview</u>	Cemetery	Pocatel		Idaho	
ATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	200'	26. FUNERAL DIRECTO	OR /		ORESS	
NUV 29 19526	vam. W	allin	regrand.	Nales	colfor	atello,	<u>Idah</u> o
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Commence of the second of the second VAN TO STREET THE WORLD THE STREET THE STREE when a undered seconduces the for streets estated for west the Zease Approximate date Programme to the control THE STATE ALL OF MINORS FOR DRIVERY The state of the s

	RECEIVED	Standard Certificate OF STILLBIF Idaho	State Fil RTH Local Re Reg. Dist	e No. 1 2 2	
a. COUNTY Bingh		FAL. 5	2. USUAL RESID a. STATE Ida		Bingham
b. CITY (II outside corporate is OR TOWN Blackf		re township)	II OR	erporate limits, write RURAL and gi	ve township)
	hospital or institution, give ham Memorial		d. STREET ADDRESS Rt	(If rural, give location)  2 (Rockford)	)
3. CHILD'S NAME ((Type or Print)	Frank Ka	mphaus			
4. SEX 5a. THIS		TRIPLET 1ST	WIN OR TRIPLET (This c	- STILLBIRTH	nth) (Day) (Year) v. 26, 1952
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	8. COLOR OR RACE
NAME F	rank	G.		Kamphaus	White
9. AGE (At time of this birth)  35 YEARS	Foss, Okl		11a. USUAL OCCUPAT Farming		F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) ildred	b. (Midd Gertrude	•	c. (Last) Stanm	13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (Stat		16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
31 YEARS	Idaho Fall	s, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
1 / Xana	Rt.	2 Blackfoot.	Seven	None	pregnancy)?
18a. LENGTH OF PREG- 18b. NANCY 40 WEEKS	LBS. OZS.	<sup>19</sup> Was a standard Approximate da		or syphilis performed?	Yes. A. No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Phis	ti du	u to o	solopsed
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	ges (	<u> </u>		353
21. STATE ANY COMPLICATION	NS OF BREGNANCY AN	D LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
prolubbi	ed po	nd,	an	ane	
I hereby certify that I attended the birth of this	23a. ATTENDANT	'S SIGNATURE	(Specify if M. I	O., midwife, or other)	23b. DATE SIGNED 11-28-52
child who was born dead on the date stated above	23c. ATTENDANT'S A	DDRESS	II NOT   24. SIGNA	TURE OF AUTHORIZED OFFICE	
at 1:43 A m.	Blackfoot,		ttended by physician		
TiON, REMOVAL (Specify)		25c. NAME OF CEMETER		25d. LOCATION (City, town, o	or county) (State) Idaho.
DATE REC'D BY LOCAL   REG	1-28-52 LISTRAR'S SIGNATURE	Grove City	6 FUNE AL DISECT	Blackfoot,	ADDRESS
Mos. 28-1912 ///	In Chalis	8. Falen	John C. x	Gandberg. B	lackfoot, Idaho
0 /	•				



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 1000	- 440					

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY C 2
PUBLIC HEALTH SERVICE RECEIVE (1949 Revision of Standard Certificate) 1962RTIFICATE OF STILLBIRTH

State File No	2.0
State File No.	
Reg. Dist. No. 6/0	********

25	71	W
0		

DIVISION OF VITAL State of	Idano Idano
1. PLACE OF STULBIRTH STATISTICS	2. USUAL RESIDENCE OF MOTHER (Where do mother live?)
a. COUNTY Donneville	a. STATE Class b. COUNTY Donneville
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, write RURAL and give township) OR
TOWN Alsho Falls	TOWN Coloro Falls
c. FULL NAME OF (If not is hospital or matitution, five street address or location) HOSPITAL OR INSTITUTION  A Spital	d. STREET (If rural, give location) ADDRESS 320 - 6248 76 - 18
3. CHILD'S NAME Caby Curtis	(Twin)
']	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
SIMUL SINGLE TWIN TRIPLET 1ST	2ND 3RD 1017795 Y
7. FATHER'S NAME DAME DAME DAME DAME DAME DAME DAME D	(Last) 8. COLOR OR RACE
9. AGE (At time of this birth)  YEARS  10. BIRTHRIACE (State or foreign country)  YEARS	11a. USHAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN MIDEN NAME SILMA SILMA	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
YEARS WARRY TELLS, JAU.	a. How many children are now living? born alive but are now dead? children were stillborn
17. INFORMANT	(born dead after 20 weeks pregnancy)?
NANCY WEEKS LBS, OZS, Approximate dat	serological test for syphilis performed? Yes
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)  20a. FETAL CAUSES  20b. MATERNAL CAUSES	h Setal heart tour à enset of Dalion.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D., midwife, or other)  23b. DATE SIGNED
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by
25a BURIAL, CREMA- 25b. DAYE / 25g. MACOUNCEMETERY	physician   Y OR CREMATOBA   25d, LOCATION (City, town, or county) (State)
The Removal (Specify)	Umorise Whoho Falls clark
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  NO. 25-1952 Coma Suides	26. FUMERAL DIRECTION Selection Sales Falls

Pavia

PHS-797(VS)	1	HECEIVE	(19/9 R	Revision of	Standard Certificat	مهری (ه	4- EVI- 37-	202
4-48 FEDERAL SECUR	T AGE	IEC 2 195	O	ICATE	OF STILLBIF		te File No. al Reg. No	220
PUBLIC HEALTH SE	BUDIV	SION OF V	UTA	CAIL	Or SHILLDIR		. Dist. No	
	1	STATISTI	The state of the s	State of	Idaho	rej	. Dist. No	Q./
1. PLACE OF S	LBIR	TH			2. USUAL RESID	ENCE OF MOTHE	R (Where deep	mother live?)
a. COUNTY	Jon	neville			a. STATE	oho b. co	UNTY 🔼	muvelle.
b. CITY (If outside	o corporate li	mite, write RURAL at	d give township)		c. CITY (If outside of	prorate jimite, wrigh RURA	L and give towns	hip)
TOWN 62	dol	o Jale	<i>w</i>		TOWN LA	who falls	,	
c. FULL NAME O HOSPITAL OR INSTITUTION	F (If not is	Compital or identitution	Rive street address	or location)	d. STREET ADDRESS	54 - 6 -	18th	
3. CHILD'S NA (Type or Print		Baby	0 (0	urti	0 - (1)	vin)		
J. SEX Temele	5a. THIS I			,5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF	(Month)	(Day) (Year)
	SINGLE	TWIN	TRIPLET	1ST	2ND L	3RD	" Nov	-1-191-2
7. FATHER'S NAME	A	g. (First)  amou		b. (M/102	le)	(ast)	8. C	OLOR OF RACE
9. AGE (At time of th			(State or foreign eq	ountry)	IIa. USUAL OCCUPAT	TON 116.1	CIND OF BUSI	NESS OR INDUSTRY
25	YEARS	eloho	Falls,	With	1/1.0	ech		NESS ON INDUSTRY
12. MOTHER'S MAIDEN NAME	3/	a. (First)		b Midd	•	c (Lest)	13. (	COLOR OR RACE
14. AGE (At time of th	11	JE DIDTUDIACE		Sna		'durk	1	unice
14. AGE (At time of the	-	15. BIRTHPLACE	(State or foreign co	Till her		OUSLY BORN TO THIS M		
	YEARS	Jekous.	Tame,		a. How many children are now living?	b. How many childre born alive but are now	dead?   child	low many OTHER lren were stillborn
17. INFORMANT			<u></u> ,	_	1	0	(bor	n dead after 20 weeks nancy)?
Jan	vu	Cuu	u .			0	1	nanoj):
18a. LENGTH OF PR		WEIGHT AT BIRTH	19.Was a	frehrets	tact feningleres	or syphilis perfor	mod 2 Voc	NTo:
NAI WEEKS	NCY	LBS. OZS		cimate dat	e.	or syptims perior	meu: 1es	No
CAUSE OF STILI	LBIRTH	20a. FETAL CAUS	ES		Λ			7.
Atata only morbid	annditions	( )	MAL JAN	huam	12 0.0.0	and the		. R. L O. O
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL		,	· Magaza	SAZBAN LAMA		and a semi
Prematurity, Asphyr	ria, etc.)							7
21. STATE ANY COM	IPI ICATION	S OF PREGNANCY	AND LABOR		22 STATE ALL OPEN	ATIONS FOR DELIVERY		
III DIRIE MIT OOK	2.0	o i inconatoi	AND LADOR		ZZ. STATE ALL OPERA	ATIONS FOR DELIVERT		
I hanaba aantifi	a that I	23a. ATTENDA	NT'S SIGNA	TUPE	(Quedle # 18 T	)	1 006	DATE SIGNED
I hereby certify attended the birth		wa. Alleiter	33.9	ואאוז <u>.</u>	- (Specify II Ma. I	)., midwife, or other)	230.	DATE SIGNED
child who was bo	rn dead			17 D am	M. W.			
on the date state	d above	23c. ATTENDANT	S ADDRESS		attended by	TURE OF AUTHORIZED	OFFICIAL	TITLE
at	m.		- /-		physician			
25a. BOBIAL, CREM TION HEMOVAL (8		5/52	HAMEOG		OR CREMATORY	25d. LOCATION (City,	town, or count Polls	y) (State)
DATE REC'D BY LO	CAL REGI	STRAR'S SIGNATU	RE /	1	26. FUNERAL DIRECTO	OR <sub>N</sub>	ADDRES	
1 m). 25-195	EG. (	1	Builan	, !	Des U.	Hellion	0 -00	loke Feel
1 32 770		me		<u> </u>	<del></del>			
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٦	PHS-797(VS)	ECEIVED	(1949 Revision of	Standard Certificat	a) 54.	202
	4-48 FEDERAL SECURITY AGE	NEV 2 1052 C	ERTIFICATE			ate File No
	I PUBLIC HEALTH SERVICE	~ 1002 -				g. Dist. No
	0,0,3	ON OF VITA	State o	ldaho	re	g. Dist. 140
	1. PLACE OF STULBIR	HVIIALIO		2. USUAL RESID	ENCE OF MOTHE	R (Where does nother live?)
	a. COUNTY Jon	nevelle		a. STATE		Donneville
	b. CITY (If outside corporate l	inite, write RURAL and give	ve townshin)	C CITY (It entelds a	orporate limits, write RURA	
- 1	TOWN LOLOA	n-9000	,	TOWN (O	A PORTOR INC. WHILE RURA	
		· sauce			ano Ja	les
	c. FULL NAME OF (II not in HOSPITAL OR INSTITUTION	ceed/fest	street address or location)	d. STREET ADDRESS	(If rural, give Tocation)	e la
	3. CHILD'S NAME ((Type or Print)	Ω.		X	- ()	
	ger	cy Du	mell o	Junn	4 1	
	4. SEX 5a. THIS	BIRNH	,5b. IF1	WIN OR TRIPLET (The	Mid born) 6. DATE OF	(Month) (Day) (Year)
1	SINGLE	TWIN 🗌	TRIPLET 1ST		3RD STILLBIR	"Mar 8-1952
	7. FATHER'S	a. (First)	b. (Mide	lle)	c. (Last)	8. COLOR OR RACE
	NAME	S . 1.	LHIOZ	Dun	nino	White
ł	9. AGE (At time of this bipp)	10. DIETHPLACE IState	- Company	11- 1151141 00017-1	7-	we
ļ	8 1/		e or foreign country	11a. USUAL OCCUPAT	10N / 11b.	KIND OF BUSINESS OR INDUSTRY
	14503	Mose rake	/	Machine	er so	slinghouse
1	12. MOTHER'S MAIDEN	. (First)	b. (Midd	lle)	& (East) DI	13. COLOR OR RACE
	NAME -	ernice	Us	eline	Duchhol	a white.
	14. AGE (At time of this birth)	15. BIRTHPLACE (State	e or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS N	THER (Do NOT include this child)
	22 YEARS	Torkland	regon	a. How many chil-	b. How many childre	
	17. INFORMANT	7 .7		dren are now living?	born alive but are now	(born dead after 20 weeks
1	Varach)	/ Ll uses	1.0			pregnancy)?
	18a. LENGTH OF REG-   18b.	WEIGHT AT BIRTH	uni.	<u> </u>		
	NANCY A	•	Was a standard	serological test i	or syphilis perfor	med? YesNo
İ	33 WEEKS /	LBS. OZS.	Approximate da	te.		V39.5
- 1	CAUSE OF STILLBIRTH	20a. FETAL CAUSES	Ra -t	'A. (7m	( قىمە	7
H	State only morbid conditions causing fetal death (do NOT		vieman	my (	/	/
	use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	ES Roly -	hedram	uss	
	21. STATE ANY COMPLICATION	IC OF PRECNANCY AND	0 1 1 200			***
	21. STATE ANY COMPLICATION	IS OF PREGNANCY ANI	D LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
			<u>:</u>	<u> </u>		
-	I hereby certify that I	23a. ATTENDANT	'S SIGNATURE	(Specify if M. I	)., midwife, or other)	23b. DATE SIGNED
	attended the birth of this child who was born dead	G. T.	Guik	son m.	٠ مد.	11-12-52
	on the date stated above	23c. ATTENDANT'S AD	DORESS	If NOT   24. SIGNA	TURE OF AUTHORIZED	
	at	Idah - Fa	ele. Ida-	attended by physician		***************************************
				OR AMEMATORY	% LOCATION (CIT	(Q4-2-1)
	TIGOL REMOVAL (Breeffe)	/	. I SIME OF CEMEPER	OR PHEMATURY	25d. LOCATION (City,	town or county) (State)
-		25.10-1952	o tope their	enery	CERTAI	vacco, who
-	DATE REC'D BY LOCAL REG	ISTRAP'S SIGNATURE	<i>a</i> · .	26. FUNERAL DURECT	OR .	ADDRESS 0
	VIN. 14-1952 -	Lowe 1	Quedres	Ogo U.S	Lelliams	sello fallo
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The standard service of the standard service of THE THE ROLL TOWN CONTRACTOR OF STREET STREET

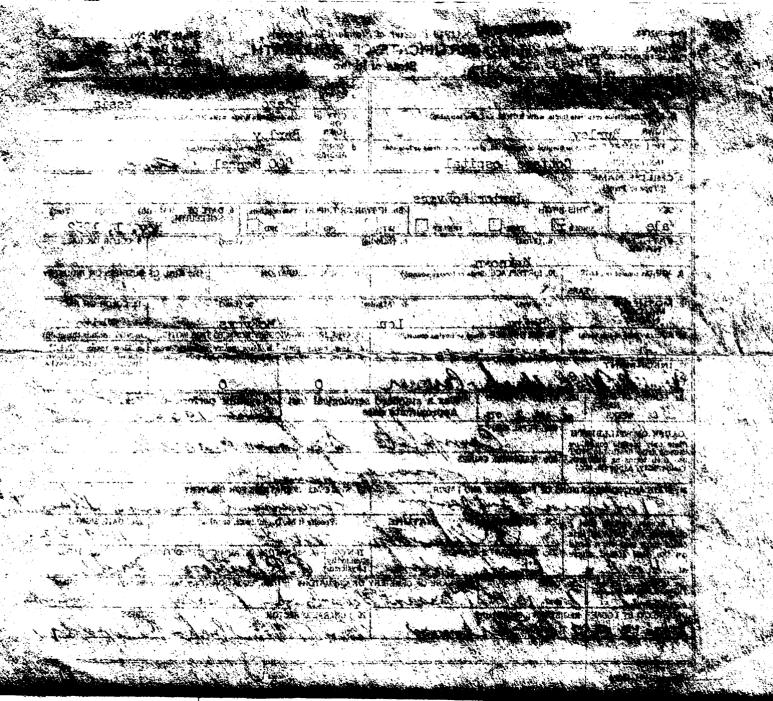
	RECEIVED		* ***	3 J V
PHS-797(VS)	(1949 Revision of	Standard Certificate	s) State File	No
4-48 FEDERAL SECURITY AGE	LOW 2 6 1952 CERTIFICATE	OF STILL DIE	TU I con Reg	. No/ 2
PUBLIC HEALTH SERVE	SION OF VITAL	OL SHIFFDIL	Date Diet	No. 34.3
	STATISTICS State of	Idaho	reg. Dist.	140.09.6.9
1. PLACE OF STILLBIR	ETH	2 USUAL-WEAD	ENCE OF MOTHER (W)	Cond mather limes)
. COUNTY		a. STATE	b. COUNTY	//
assy		1000		anyan
b. CITY (If outside bornofete li	mits, write RURAL and give township)	C. CiTY (If outside on	direct limits, write RURAL and give	township
TOWN /OM	Da. 1	OR TOWN	ALV A HENO I	//
c. FULL NAME OF (Tracette	hospital or institution, give atreet address or location)	d. STREET	(If rural, rive location)	<del>1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>
HOSPITAL OR	hospital or institution, give street address or location)	ADDRESS/	Com XI III and l	7 ( ) +
	rey Hrasp -	·	G- Jawer	M VI.
3. CHILD'S NAME		11	//	
(Type or Print)	" nather tes	w la	unsellsam	/
4. SEX 7 5a. THIS	BIRTH / //Sh IE7	WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mont	th) (Day) (Year)
	// // _/ // //		STILLBIRTH /	$\frac{(Day)}{2} = \frac{(Day)}{2}$
7 SINGLE			SRD //	<u> </u>
7. FATHER'S NAME	A. (First) (Midd	lie)	c. (Last)	8. COLOR OR RACE
NAME	ennan	041	DOVIDAMI /	111
9. AGE (At time of this birth)	10_BIRTHPLACE (State or foreign country)	11a JUSUAL OCCUPAT	TON O 11b. KIND OF	BUSINESS OR INDUSTRY
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IN THE LACE (State or foreign country)	The The Terrain	ION IIB. KIND OF	BUSINESS OR INDUSTRY
YEARS	Mussaure	12111-640	UP. CAMO.	
12. MOTHER'S	a. (First) b. (Midd	lle)	o C. (Last)	13. COLOR OR RACE
MAIDEN //	manualla, a	N/KD/		11)
14. AGE (At time of this birth)	15, BIRTHPLACE (State or Joseph country)	Lie Chii Doen Boenic	DUSLY BORN TO THIS MOTHER (	Do NOT include this shild
14. AGE (At date of the birth)				
YEARS_	nancial was,	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
II./INFORMANT	) /) 41/			(born dead after 20 weeks pregnancy)?
You DAI BENO,	Melioun - Mathe	<i>i. O</i>		programcy
18a, LENGTH OF PREG-   18b.		<u> </u>		
NANCY I	was a standard	serological test f	or syphilis performed?	YesX No
30 WEEKS	LBS. OZS. Approximate da	te morele	. 1452.	1323
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		•	75.0
State only morbid conditions	lender met			/
causing fetal death (do NOT	20b. MATERNAL CAUSES	<del></del>		<u> </u>
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxla, etc.)	To de	- 610.		
	1 opens	a - man	mmusse - 12	eclangle
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	•
	_	_		
7 1	238. ATTENDANT'S SIGNATURE	(Species # No.T	)., midwife, or other)	23b. DATE SIGNED
I hereby certify that I attended the birth of this	LE. ATTENDANT SSIGNATURE	(opecity if Max	, midwile, or other)	ZID. DATE SIGNED
child who was born dead	10101	<u>u. 1</u>	na.	10/10/52.
on the date stated above	23c. ATTENDANT'S ADDRESS	If NOT   24. SIGNA	FURE OF AUTHORIZED OFFICIAL	L TITLE
at 6:54 Pm	VI ampa Stato.	attended by physician	)	
	DATE 25c. NAME OF CEMETER	<u>'                                    </u>	25d. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)	ويتر بمانيا		Caldwelf, Idaho	(C1000)
		· · · · · · · · · · · · · · · · · · ·		
	ISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OB AD	DRESS
7/122 (REG. 9	Market Mark	10/11/10	La Man	/
100.21, 19321	pro year with	<del>\/.</del>	want.	
1	10	•		
J				

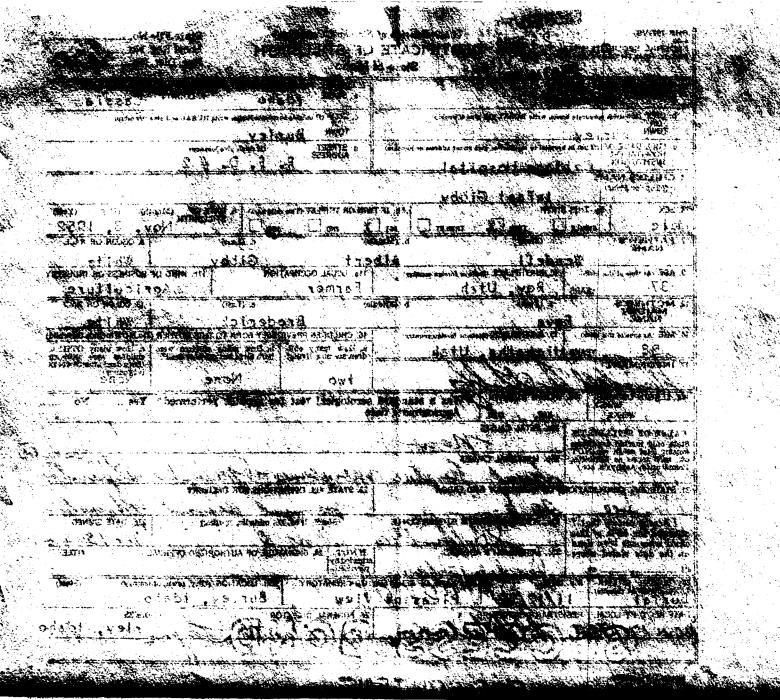
Was a standard secological test for special TO STATE AND CONCENTRATION OF THE PARTY AND LAKE WAS STATE OF THE PROPERTY OF THE PERSON OF T CEARIS 1: 40 ME. Copally II Seed with the work of the

PHS-797(VS) 4-48	RECE	(1949 Revision of	f Standard Certificat	e) State	File No.
FEDERAL SECURITY A PUBLIC HEALTH SERVICE	DIVISION 1	(1949 Revision of ERTIFICATE 1952 State of	OF STILLBII of Idaho	RTH Local Reg. D	Reg. No. 520-521
1. PLACE OF STILL		Viz			
a. COUNTY Carib		VITAL	II A CYATE	DENCE OF MOTHER (	TY
<del></del>	ate limits, write RURAL and		a. STATE Idal		Caribou
OR		give township;	_OK _	orporate limits, write RURAL an	d give township)
17000	prings, ot in hospital or institution, gi			da Springs,	
	ibou County F		d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME					
(Type or Print)	Carolyn F	Ray Lenoir			
4. SEX 5a. Th	HIS BIRTH		TWIN OR TRIPLET (This	child born) 6. DATE OF (	Month) (Day) (Year)
female since		TRIPLET 1ST		STILLBIRTH	
7. FATHER'S	a. (First)	b. (Mid		c. (Last)	Vovember 10 1952
NAME	Calvin	_ ` _		_ ` .	
9. AGE (At time of this birth)	<del></del>		idge	Lenoir	White
00		tate or foreign country)	11a. USUAL OCCUPA	_	D OF BUSINESS OR INDUSTRY
29 YEA	a. (First)	Montana b. (Mid	<u>  pipe wel</u>		
MAIDEN		·		c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)	Bernice	Alvi		Engebretson	
06	i	tate or foreign country)			HER (Do NOT include this child)
26 YEA	RS   White Eart	h, North Dake	eren are now living?	b. How many children w born alive but are now dead	d? c. How many OTHER children were stillborn (born dead after 20 weeks
	O. Zena	•			pregnancy)?
	18b. WEIGHT AT BIRTH		3	1 0	0
NANCY		Approximate d	l serological test i	or syphilis performe	d? Yes No
40 WEEKS	5 LBS. 10 OZS.		ate.		V36.0
CAUSE OF STILLBIRT	.н		1	ſ	<i>f</i>
State only morbid condition causing fetal death (do Nouse such terms as Stillbir	OT BOY MATERNAL CA	Londa	sound	hack	
use such terms as Stuidir Prematurity, Asphyxia, etc.	th, 20b. MATERNAL CA	IUSES		•	
			12		
21. STATE ANY COMPLICAT	IONS OF PREGNANCY I	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Condo	yound	neco			
I hereby certify that attended the birth of th		IT'S SIGNATURE	(Specify if M. 1	D., midwife, or other)	23b. DATE SIGNED
child who was born de	ad	len H	· ceet		11/15/52
on the date stated abo	ve 23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFF	ICIAL TITLE
atm.			physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION (City, town	n, or county) (State)
burial	<u> 11-11-52</u>	Fairview Ce	metary	Sody Springs	Tdaho
	REGISTRAR'S SIGNATUR		26. FUNERAL PIREET	9/1.1.	ADDRESS
11-10-52 REG.	(Irlene	morris	(a <) /	Mulman	Soda Springs, Ida
			<del></del>		

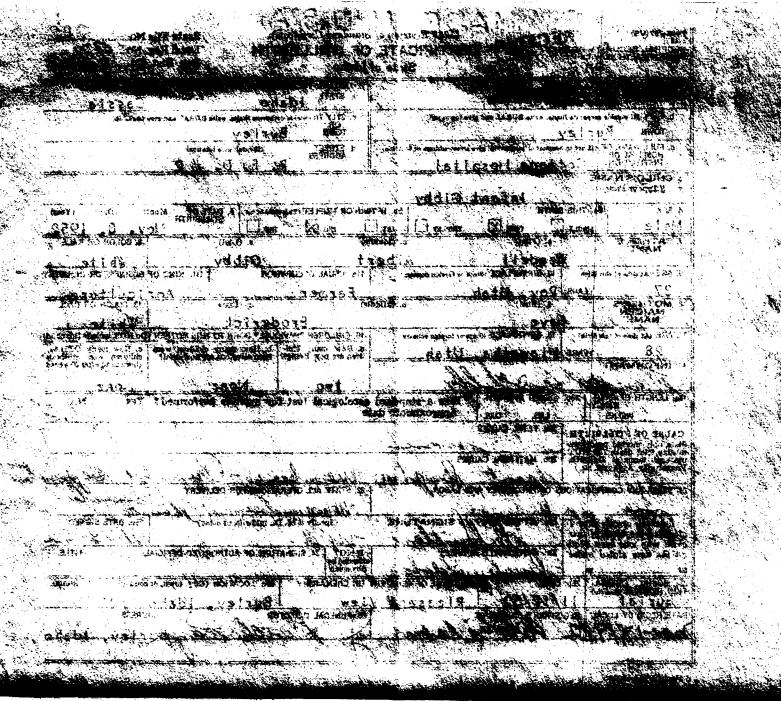
 $\{X_i, X_j\}_{j \in \mathcal{I}_{i+1}}$ 

PHS-797(VS) 4-48		ECEINE	(/-	of Standard Certificat	e) State Fil	
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGY	<b>97</b> 2 5 195	2 CERTIFICATE	OF STILLBIF	RTH Local Re Reg. Dist	
		OL OF A	ITAL State	of Idaho		
1. PLACE OF S a. COUNTY		तिकाकगाट -		II - CTATE	DENCE OF MOTHER (Who	
h CITY (If outside	Cassi	či. imite, write RURAL a	and sine towards)	a. SIAIE Ids		Cassia
OR	rlev	unite, write RURAL	ing give townsnip)	OR _	orporate limits, write RURAL and give 1	re township)
c. FULL NAME O HOSPITAL OR INSTITUTION		ot tage Ho	s, give street address or location)	ADDRESS -	(If rural, give location)	
3. CHILD'S NA		or care 110	abroar	11 00	00 Normal (2	ve
(Type or Print		Juni	or McEvers			
4. SEX	5a. THIS			F TWIN OR TRIPLET (This	obild born) 6. DATE OF (Morning STILLBIRTH	nth) (Day) (Year)
Male	SINGLE	K TWIN	TRIPLET 1ST	2ND		1952
7. FATHER'S NAME		a. (First)	b. (M	iddle)	c. (Last)	8. COLOR OR RACE
		Unkno	whi			
9. AGE (At time of the			(State or foreign country)	11a. USUAL OCCUPA	TION 11b. KIND O	F BUSINESS OR INDUSTRY
	YEARS					
12. MOTHER'S MAIDEN NAME		a. (First)	b. (M	•	c. (Last)	13. COLOR OR RACE
14. AGE (At time of ti	hin hindh	Betty	(State or foreign country)		McEvers OUSLY BORN TO THIS MOTHER	White
1).	YEARS	Pioche.	Nevada	a. How many children are now living?	b. How many children were born alive but are now dead?	<del></del>
17 INFORMAN	ha e	0 11	P		2012 2110 221 22 2011 2012	(born dead after 20 weeks pregnancy)?
wy WI	///3/	ullasi	1-coroner	_   0	1 0	1 0
18a. LENGTH OF PE NA NA WEEKS	NCY	WEIGHT AT BIRTI	Approximate	d serological test i	of syphilis performed?	Yes No.
CAUSE OF STIL		20a. FETAL CAU	On play	1 8	l c	0.
State only morbid causing fetal death use such terms as	(do NOT		and The Carlot	a representation	monuoce	le:
Prematurity, Asphy	zia, etc.)	20b. MATERNAL	CAUSES	en insin	<b>, ~</b>	
21. STATE ANY COM	MPLICATIO	NS OF PREGNANC	Y AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
100	em	n# po	et parlyn	ma	nual runo	
I hereby certif attended the birt	y that I h of this	23a. ATTEND	MT'9 SIGNATURE	(Specify if M. ]	D., midwife, or other)	23b. DATE SIGNED
child who was be	orn dead	23c. ATTENDANT	T'S ADDRESS.	II NOT   24. SIGNA	TUDE OF AUTHODITED OFFICE	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>
on the date state at 4:00 A	ea above	Busi	en Odaho.	If NOT attended by physician	TURE OF AUTHORIZED OFFICI.	ma.
25a. BURIAL, CREI TIOM REMOVAL SPI	M A- 25b.	DATE D. 10, 19:	1 1/2	Tiew Comment	25d. LOCATION (City, town, o	r county) (State)
DATE REC'D BY LO	CAL REG	SISTRAR'S SIGNAT		26. FUNERAL DIRECT		DDRESS
1 C(	177	TO POPO		- reny Will	- Campun -	mily my
						•

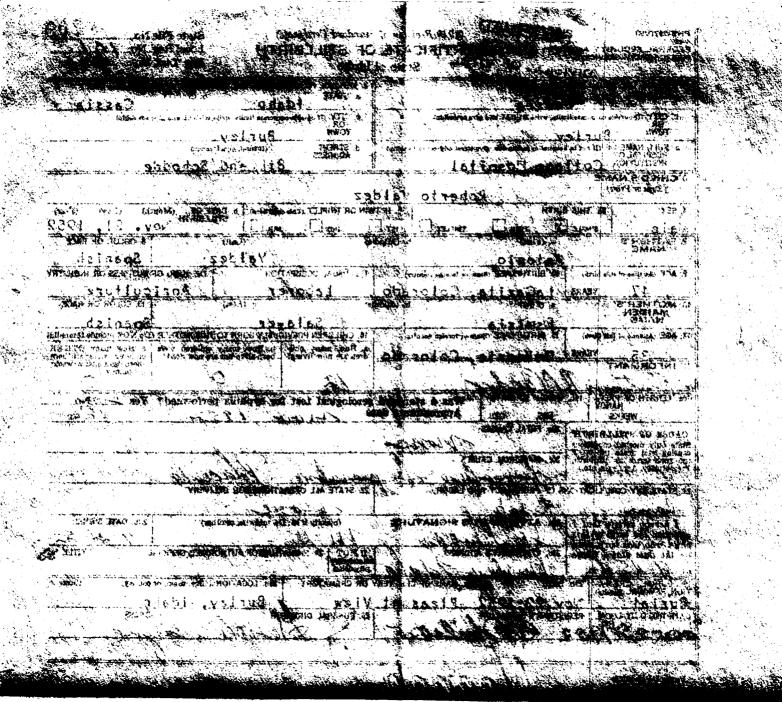




PHS-797(VS) 4-48	M	ECEIVE	(1949 Revi		Standard Certificat		State File No.		
PUBLIC HEALTH :				CERTIFICATE OF STILLBIRTH					<u> </u>
	DIVIS	ECEIVE 1 1952	S	tate of	Idaho		Reg. Dist.	No	
1. PLACE OF a. COUNTY	STILLB	10 2 5 1952 10 0 VII	AL		2. USUAL RESID		OTHER (When		)
	Cassi	<del></del>			a. SIATE Ida			Cassia	
OR	Burle	imite, write RURAL an	d give township)		c. CITY (If outside o	orporate limita, writ Urlev	e RURAL and give	township)	
c FILL NAME	OF Of not in	hospital or institution,	give street address or le	estion)	d. STREET	(If rural, give l	ocazion)		<del></del>
HOSPITAL O INSTITUTIO	R.	ttage Hos			ADDRESS	. F. D.	# 2		
3. CHILD'S N. (Type or Pri	AME		nt Gibby						
4. SEX	5a. THIS			,5b. IF T	WIN OR TRIPLET (This	shild born)   6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE		TRIPLET 🗌	1ST _	2ND 🔀	3RD ST	ILLBIRTH NO	v. 8.	1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		Wendell		lber	• †	Gibby		White	2
9. AGE (At time of	this birth)	10. BIRTHPLACE	State or foreign countr	<b>3</b> 7)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
37	YEARS	Roy. Uta	h		Farmer		Agr	icultu	c e
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME		Faye			<u>Bro</u>	derick		White	
14. AGE (At time of			(State or foreign countr	(VC	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER (	Do NOT include	this child)
28		<u>Hiawatha</u>	u Utah		a. How many chil- dren are now living?	b. How many born alive but	children were are now dead?	c. How many children were	OTHER stillborn
I. INFORMAN	T	12.1	.00			}		(born dead after pregnancy)?	€ 20 weeks
Men	<u>sell</u>	Wille	lly	_	two	None	:	None	
	ANCY	WEIGHT AT BIRTH	1 4	ındard	serological test	for syphilis	performed?		No
WEE	CS I	LBS. OZS 20e. FETAL CAUSI		are uar	,e			<i>ک</i> ـــــــــــــــــــــــــــــــــ	6,0
CAUSE OF STI	conditions	MR. PETAL CAUSE	s Nesel	2				/	
causing fetal death	do NOT Btillbirth,	20b. MATERNAL C	AUSES						<i>9</i>
Prematurity, Asph	yxia, etc.)	Sout	Rus	tur	Themler	aver - C	frem at	tu Se	parsh
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR		22. STATE ALL OPER	ATIONS FOR DE	LIVERY	Hacen	Tw.
See	20	<i>b</i> .			Wedogone	Iremou	1 Plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I hereby cert	ify that I	23a. ATTENDA	NT SIGNATI	JRE	(Specify if M.)	D., midwife, or ot		23b. DATE SIG	NED
attended the bir child who was		1000	Butter	<u> </u>	wil.			1/-19.	-52.
on the date sta		23c. ATTENDANT'S			If NOT 24. SIGNA	TURE OF AUTHO	ORIZED OFFICIA	L	TITLE
at	m.	Burle	y Idok	2 -	physician				
25a. BURIAL, CRI TION, REMOVAL (8) Burial	EM A- 25b. pecify)	/12/52	1		OR CREMATORY		(City, town, or		(State)
DATE REC'D BY L	OCAL REG	ISTRAR'S SIGNATU		<del>'' '                                 </del>	26. FUNERAL DIRECT	Burley	<u>ldaho</u>	DRESS	
hawl?	141	BX+M	To lake	,	John Official Land	7/1	برب		
(		- Viler	U KANT		7.	mu V	ayou	riey, I	daho
					<i>^</i> ]		//		



PHS-797(VS) 4-48 FEDERAL SECUR	UTV AGEN	ECEIVE			Standard Certific		State File	No	<u> 209</u>	
PUBLIC HEALTH SERVICE STATE OF VITAL State of St						IKIH	Reg. Dist.		70	
			108				·			
1. PLACE OF S a. COUNTY	TILLBIR	TOINE			2. USUAL RES	IDENCE OF MO	DTHER (Where b. COUNTY	does mother live?	)	
u. 0001111	C	assia			a. SIMIE	daho	B. COUNTY	Cassi	ā	
b. CiTY (If outside	e corporate li	nite, write RURAL e	and give township)		c. CITY (If outside corporate limits, write RURAL and give township)					
OR TOWN	Burle	V			OR TOWN	Burley				
c. FULL NAME O			, give street address or	location)	d. STREET	(If rural, give le	ocation)			
HOSPITAL OR INSTITUTION		age Hoss			ADDRESS	8th and	Schodd	•		
3. CHILD'S NA						<u> </u>	<u> </u>			
(Type or Print	·)		Roberto							
4. SEX	5a. THIS I			5b. IF T	WIN OR TRIPLET (TH	sie child born) 6. DA	TE OF (Mont	th) (Day)	(Year)	
Male	SINGLE	X TWIN	TRIPLET	1ST _	2ND	3RD	No.	v. 21,	1952	
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE	
NAME		Antonio				Valde:	Z	<b>A</b> panis	h	
9. AGE (At time of the	nie birth)	10. BIRTHPLACE	(State or foreign cour	itry)	11a. USUAL OCCUI	PATION	11b. KIND OF	BUSINESS OR	INDUSTRY	
47	YEARS	LaGari	ta. Colo	rado	Labo	rer	Agri	culture	<b>.</b>	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (Last)		13. COLOR OR	RACE	
NAME		Esmiri	a		Sal	aver		8 panish	1	
14. AGE (At time of the	is birth)	15. BIRTHPLACE	(State or foreign cour	ntry)		VIOUSLY BORN TO				
35	YEARS	Delpor	te Colo	rado	a. How many chi dren are now living	b. How many born alive but	children were	c. How many children were	OTHER	
17. INFORMANT	r ,	2 4				.	are now doubt.	(born dead after pregnancy)?	r 20 weeks	
+ Cinton	nis K	Mald			/2		•	pregnancy)	>	
18a. LENGTH OF PR		WEIGHT AT BIRT	19.Was a s	tandard	serological test	for evolville	performed?	Voc L	Mo 1	
NAI WEEKS	NCY	LBS. OZ		mate da	te //	. tot aypinis j		7)7	12	
		20a. FETAL CAU	··· · · · · · · · · · · · · · · · · ·					<del>- y</del>		
OAUSE OF STILL State only morbid	conditions		Nos	el :	•		_	/		
causing fetal death use such terms as	(do NOT Stillbirth.	201 MATERNAL		7		<del></del>	<u></u>			
Prematurity, Asphy:	zia, etc.)	Seen	alux .	Le	saratur	Place	centa	•		
21. STATE ANY COM	APLICATION		Y AND LABOR	/	22. STATE ALL OP	ERATIONS FOR DE	LIVERY			
Same	as	# 20b			No	ue.				
I hereby certif		23a. ATTEND	ANT'S SIGNAT	TURE	(Specify if M	I. D., midwife, or ot	her)	23b. DATE SIG	NED	
attended the birth		AND	Julton	/	M-D	, .		11-24	-52.	
on the date state		23c. ATTENDANT	'S ADDRESS		If NOT   24. SIG	NATURE OF AUTHO	RIZED OFFICIA	L	TITLE	
at 9:45	<u> 4 m.                                   </u>	Burl	en Id	sho	attended by physician					
25a, BURIAL, CREI TION, REMOVAL (8po	MA- 25b. edfy)	DATE	(ZI		OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)	
Burial		v.22, 19		sant		· // // · · · · · · · · · · · · · · · ·	ve Idah			
DATE REC'D BY LO	CAL REGI	ISTRAR'S ŠIGNAT	TRE/ 1/1 -	_	26. FUNERAL DIRE	OTOR	( , ^9	DRESS		
205.25	1953	495	nulso	W	1 7 8	Jauth	Say	me		
•	• •	- ,					Λ			



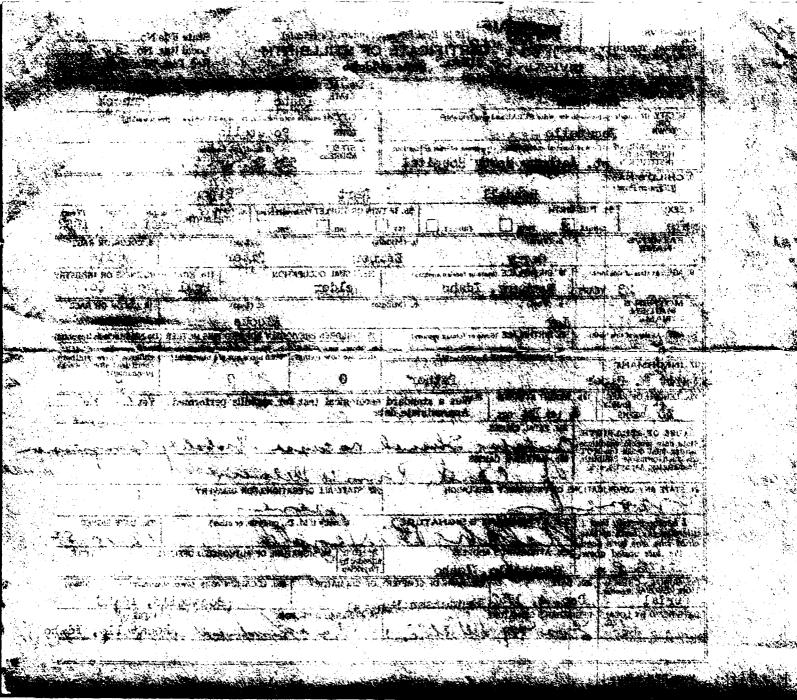
PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN	RECEIVE:	ERTIFIC	ATE	Standard Certi	•	State File Local Reg. Reg. Dist.	No	210		
	DIV	ISIO. OF W	<u> </u>	itate of	Idaho				reg. Dist.	140	
I. PLACE OF S	TILLBIR Lat	TSTATIST			2. USUAL RI a. STATE	dah		F MO	THER (Where	does mother it atah	ret)
OR -	Potlat	nite, write RURAL and gi	ve township)		c. City (if outside corporate limits, write RURAL and give township) OR TOWN Potlatch						
c. FULL NAME O HOSPITAL OR INSTITUTION		t home	street address or i	location)	d. STREET (If rural, give location) ADDRESS						
3. CHILD'S NA ((Type or Print		Baby Boy H	egg			•			· · · · · · · · · · · · · · · · · · ·		<del></del>
4. SEX	5a. THIS E			5b. IF T	WIN OR TRIPLET	(This cl	ild born)	6. DAT	E OF (Mont		
Male	SINGLE	X TWIN	TRIPLET	1ST	2ND	3	SRD 🔲	STIL	LBIRTH NOV	3	1952
7. FATHER'S		a. (First)		b. (Midd	le)		c. (	Last)		8. COLOR C	R RACE
NAME		Raymond					He	gg		White	<b>.</b>
9. AGE (At time of the	nie birth)	10. BIRTHPLACE (Sta	te or foreign count	iry)	11a. USUAL OC	CUPAT	ION	-	11b. KIND OF		
<b>2</b> 3 <sup>3</sup>	YEARS	Potlatch,	<b>Idaho</b>		Teacher	<u>:</u>			Publi	c School	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)		•	Last)		13. COLOR	
NAME		Dora		Lee			Skr	<u>y</u>		Mhite	<del>}</del>
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (8ta	te or foreign coun	try)	16. CHILDREN	PREVIC					
<b>21</b> /	YEARS	Spokane	, Wn.		a. How many dren are now li	chil- ving?	b. How born aliv	many o	children were e now dead?	children w	ny OTHER are stillborn
17. INFORMAN					<b>-</b>			1		pregnancy)	ifter 20 weeks
	ymond				<u> </u>			<u> </u>		0	
18a. LENGTH OF PE NA WEEKS	NCY I	WEIGHT AT BIRTH  3 LBS. OZS.	<sup>19</sup> Was a st Approxir		serological te $8-/-$	est f		nilis p	erformed?	Yes	39,6
CAUSE OF STIL	conditions	20a. FETAL CAUSES	Unte	en		-				/	
causing fetal death use such terms as Prematurity, Asphy	Stillbirth,	20b. MATERNAL CA	USES Un	ken	ann					_	
21. STATE ANY COM	MPLICATION	NS OF PREGNANCY A	ND LABOR	lue	22. STATE ALL	OPER/	ATIONS F	OR DEL	IVERY		
I hereby certif	fu that I	23a. ATTENDAN	T'S SIGNAT	URE	(Specify	им. I	)., midwi	te, opposit	er)	23b. DATE	_ ~
attended the birt	h of this	7.	1, tel	THE		-	Z~	: W.		11-3	-52
child who was be on the date stat	orn dead ed ahone	23c. ATTENDANT	DDRESS			SIGNA'	TURE OF	AUTHO	RIZED OFFICIA	L	TITLE
0.00	a. an.	make	سسن	_	attended by physician						
25e BURIAL CRE	M A- 25b.	DATE	25c. NAME OF	CEMETER	Y OR CREMATOR	Ϋ́	25d. LO	CATION	(City, town, or	county)	(State)
TION, REMOVAL (8)	edfy) i	v 5. 1952	Moso	cow Ce	emetery	1	;	Mosc	ow.		Idaho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURE		P.	26. FUNERAL D	IRECT	OR		A	DDRESS	
	REG.	(n) 6 +	Luga	/	UR.	Sno	2		Mosco	w, Ida	ìn <b>o</b>
				(===	7					*	

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	TO THE ROLL OF THE PARTY OF THE		
		Marie Service Control of the Control	
			The second second
Company of the Company			
	CORROLL CONTROL		
	The second secon		

PHS-797(VS) (1949 Revision of Standard Certificate) State File No									
	IAN 12 1953	State of	Idaho	Reg. Dist	. No				
1. PLACE OF STILLBIRT a. COUNTY Be nnoc			2. USUAL RESID	ENCE OF MOTHER (When	e dose mother live!)  Eannock				
b. CITY (If outside corporate limi OR TOWN Pocate		hip)	c. CITY (If outside co	proporate limits, write RURAL and giv					
c. FULL NAME OF (If not in hor HOSPITAL OR INSTITUTIO Bannoc		dress or location)	d. STREET ADDRESS	(If rural, give location) 7 South 9th.					
3. CHILD'S NAME ((Type or Print)	Infa	nt Boy I	Rich						
4. SEX 5a. THIS BI			WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mon	th) (Day) (Year)				
Male single	TRIPL	ET   1ST	2ND 🔲	STILLBIRTH NOVE	mber 28. 1952				
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE				
	onald	Shepl	nerd	Rich	White				
9. AGE (At time of this birth)  34 YEARS	Montpelier,	ign country)	11a. USUAL OCCUPAT	ION   11b. KIND OF	BUSINESS OR INDUSTRY				
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE				
	Barbara	Vei	ra.	Jackson	White				
14. AGE (At time of this birth)	15. BIRTHPLACE (State or fore	iga country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER					
	Thomas, Idah	.0	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn				
17. INFORMANT			_		(born dead after 20 weeks pregnancy)?				
<u>Barbara R</u>			One l	None	0ne				
18a. LENGTH OF PREG- NANCY 40 WEEKS 18b. W	Traighad Was	s a standard proximate dat	serological test f	or syphilis performed?	Yes X No No No No No No No No No No No No No				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT — use such terms as Stillbirth,	Oa. FETAL CAUSES	thuch	Parlow 7	relalie.	1				
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	06. MATERNAL CAUSES	love.		N.					
21. STATE ANY COMPLICATIONS Cryturalian	OF PREGNANCY AND LABOR	OR	22. STATE ALL OPERA	TIONS FOR DELIVERY	<u> </u>				
I hereby certify that I 2 attended the birth of this child who was born dead	3a. ATTENDANT'S SI	ATUE	(Specify if M	., midwis, or other)	Du 1452				
on the date stated above 2 at 10:08 P.m.	3c. TENDAN'S ADDRESS	Hales.	If NOT 24. SIGNAT physician	URE OF AUTHORIZED OFFICIA	L TITLE				
25a. BURIAL, CREMA- TION EMOVAL (Brodity)	ATE 25c. NAI	ME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	County) (State)				
DATE REC'D BY LOCAL REGIST	TRAR'S SIGNATURE	Opin.	26. FUNERAL DIRECTO	n. Fle	DRESS PR				
- 1004 1 P			<b>— &gt;</b> —						

The second secon Arginarian dece countries and for column as and

PHS-797(VS) 4-48	PHS-797(VS)  4-48  (1949 Revision of Standard Certificate)  State File No									
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	NOT EC17	PERTIFIC	ATE	OF STILLBIR	RTH		. No. 3.6	<u>Z</u>	
	ם	ivision u	L Alive &	tate of	i Idaho		Reg. Dist.	No. 5/0	***********	
1. PLACE OF S	TILLBIF	RTH SIAIN	31100		2. USUAL RESID	ENCE OF MO	OTHER (Where	e does mother live?	<del></del>	
a. COUNTY	Banno	ck			a. STATE Ida		b. COUNTY	Bannock		
b. CITY (If outside OR	oorporate li	imits, write RURAL	and give township)		c. CITY (If outside or	orporate limits, write	RURAL and give	township)		
TOWN	Pocate				OR TOWN	<b>Pocatello</b>	)			
c. FULL NAME O HOSPITAL OR INSTITUTION			ercy Hospit		d. STREET ADDRESS	d. STREET (If rural, give location) 505 So. Grant				
3. CHILD'S NA				·						
((Type or Print) Randall					Bert	Pi	iper			
4. SEX	5a. THIS		1	5b. IF T	WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mon	ember 1,	(Year) 1952	
male 7. FATHER'S	SINGLE	a. (First)	TRIPLET L	1ST L			рес			
NAME		_		b. (Midd		c. (Last)		8. COLOR OR whit		
9. AGE (At time of th		Garry	(State or foreign counts		rber	Piper		<u> </u>		
23	YEARS		g, Idaho	ny)	welder	TON		Business or Oberts Co		
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c. (Last)		13. COLOR OR	RACE	
NAME	, ,	Joy			Aldous white					
14. AGE (At time of th	ie birth)	15. BIRTHPLACE	(State or foreign counts	ry)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (	Do NOT include	this child)	
19	YEARS	Pocatel.	Lo, Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	e. How many	OTHER stillborn	
17. INFORMANT			0-41			_		children were (born dead afte pregnancy)?	r 20 weeks	
Garry B. P			fathe		0	0				
18a. LENGTH OF PR NAT ム〇 WEEKS	YCY	WEIGHT AT BIRT	was a sta	indard ate da	serological test f	or syphilis p	erformed?	Yes.	No	
CAUSE OF STILI		20a. FETAL CAU	SES SLA		2 4	P	elsle	<del>y 36</del>	<u> </u>	
State only morbid causing fetal death use such terms as	(do NOT Stillbirth,	20b MATERNAL	CAUSES (	<del>uu</del>	- 14 car	2 7 1 9 9	J	- Carrie	ussio	
Prematurity, Asphys	ila, etc.)	4/	and.	3-	un to the	elmer	/	V		
21. STATE ANY COM	PLICATION	IS OF PREGNANC	Y AND LABOR		22. STATE ALL OPERA	TIONS FOR DEL	IVERY			
- 100	<u> </u>	-			no	ne_			· ·	
I hereby certify attended the birth child who was bo	of this	ZA. ATTENE	ANT'S SIGNATU	3	(Specify if M. I	, midy the, or oth	ner)	23b. DATE SIG	NED フー 5 ン	
on the date state at 3:12 F	d above	Pocate			if NOT attended by physician	TURE OF AUTHO	RIZED OFFICIAL	L	TITLE	
25a. BURIAL, CREM TION, REMOVAL (Special	(A- 25b.	DATE	25c. NAME OF C		OR CREMATORY	25d. LOCATION		-	(State)	
DATE REC'D BY LOC	CAL   REG	ISTRAR'S SIGNAT	E Henderso	n Fu	10ral			o, <u>Idaho</u>	···	
	EG.	va m	. It all	ر اد يا	- FUNCTION DIRECTO	Henden	,	ocatello,	Idaho	
<u> 7E4† 1 19 +∃04</u>		1								



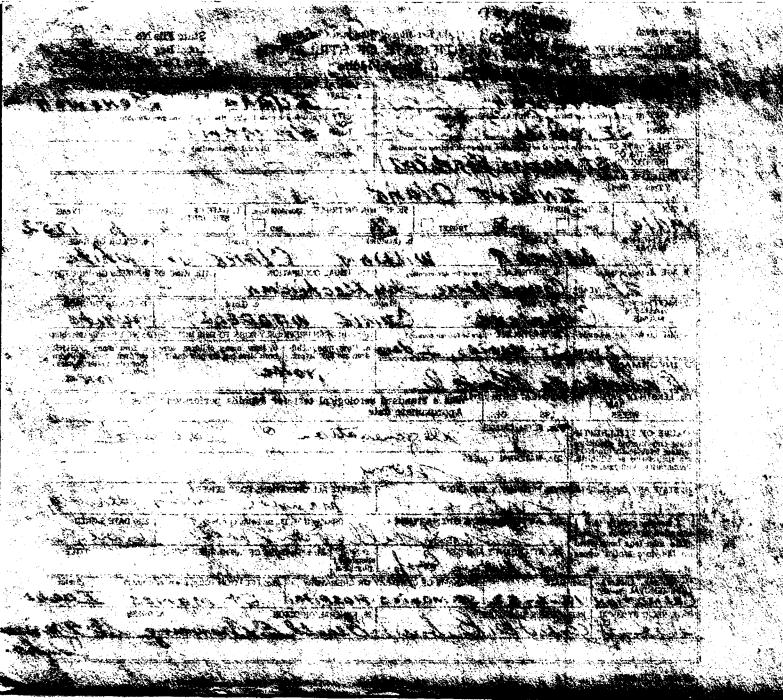
PHS-797(VS)			(1949 Revi	sion of	Standard Certificate	s)	State File	No	(ای الد سه
FEDERAL SECUR	RITY AGE	NCY (	ERTIFIC	ATE	OF STILLBIF	RTH	Local Reg	77	1
POBLIC HEALIN SE	-BAICE	<b>JAN</b> 12	195 <b>3</b> s	tate of	Idaho		Reg. Dist.	No	
1. PLACE OF S	TILLBIR	тн			2. USUAL RESID	ENCE OF M	OTHER (When	e dose mother live	• <del>*</del>
a. COUNTY	Ban	nock			a. STATE Ida	_	b. COUNTY	Bingha	
II OR	e corporate li	mits, write RURAL and g	ive township)		c. CiTY (If outside or	orporate limits, wri	te RURAL and give	township)	<del></del>
TOWN		atello			OR TOWN	Fort Hal	ı		
c. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institution, given Anthony Mer			d. STREET ADDRESS	(If rural, give	location)		
3. CHILD'S NA	ME								
(Type or Print	:)	Baby Boy	Skenando	re					
4. SEX	5a. THIS				WIN OR TRIPLET (This	hild born) 6. D	ATE OF (Mon	th) (Day)	(Year)
male	SINGLE	TWIN	TRIPLET	1ST [	ZND	3RD		ber 10.	1952
7. FATHER'S NAME		a. (First)		b. (Midd	ile)	c. (Last)		8. COLOR OF	
	·	Charles		Elm	er	Skenar	dore	Indi	an
9. AGE (As time of th	hie birth)	10. BIRTHPLACE (Ste	ste or foreign countr	<b>y</b> )	IIa. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
41	YEARS	GreenBay			Mechani		T:	ndian A	gency
12. MOTHER'S MAIDEN		a. (First)		b. (Mide	ile)	c. (Last)		13. COLOR O	R RACE
NAME		Diane			ricia	Najo		Ind	
14. AGE (At time of the		15. BIRTHPLACE (8ta	ate or foreign countr	<b>'y</b> )	16. CHILDREN PREVIO		·	<del>`</del>	
30 17. INFORMANT	YEARS T	Mender	n, Mevada	L	a. How many children are now living?	born alive but	children were are now dead?	c. How man children wer (born dead af pregnancy)?	y OTHER re stillborn ter 20 weeks
		Skepandore	mo	ther	3		)		1
18a. LENGTH OF PR	NCY	WEIGHT AT BIRTH	19 Was a sta	ndard	serological test i	or ayphilis	performed?	Yes	No
40 WEEKS	<u>.                                      </u>	1.0 <sub>LBS</sub> . 4 ozs.	Approxim	ate da	te.			Y.3	30.2
CAUSE OF STILL		20a. FETAL SUSES	7-		Lal	Idu	£ 1	e. 1	0,
State only morbid causing fetal death use such terms as	(do NOT	SUP HATEDAY CAL	MMM. ISES	n	Tach	<u>u aa</u>	i w mia	arua	respec
Prematurity, Asphy	xia, etc.)	20b. MATERNAL CAL	, see	x I	Viabet	u		No.	cauthy
21. STATE ANY CON	APLICATION	IS OF PREGNANCY A	ND LABOR		22. STATE ALL OPER	ATIONS FOR DE	LIVERY	~4-	
					Version	u P	extra	ction	<u> </u>
I hereby certif		23a ATTEMBAN	T'S SIGNATU	JRE	(Specky if M. I	)., midwife, or o		23b. DATE SI	GNED
child who was bo	rn dead	ATTENDANT'S A	Teal	_>~	If NOT   24. SIGNA	20		1/1	<u> </u>
on the date state at 12:30	hagen (	Beatel	co Joh		attended by physician	TURE OF AUTH	ORIZED OFFICIA	L	TITLE
TION REMOVAL	25b.	DATE	25c. NAME OF C	EMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATURE			26. EUNERAL DIRECT	1 Jul	A MARIE	DRESS	Here
IAN 5 1953	EG.	gwa m	Wall	lin	Colore I	1/1/1	me Q	le	ledo
					3	7			
l	<del></del>					<del>,                                    </del>			

odab I Pocatello Fort Hall St. Anthony Mercy Hospital Bally Bby Skenandore December 10, 1952 Charles Indian Indian Agency Ortenday, Wassenstin Indian Petrocia. sb.yell mehical OĘ mother Dishe Major Sconsudgre and single and a second 40

PHS-797(VS) 4-48	RECEIVE	(1949 Revi	sion of	Standard Certifica	ie)	State File	No	<u> </u>	
FEDERAL SECURITY AGE	Local Reg	. No <del> </del>	•••						
DIV.	ISION OF V	ITAL S	tate of	Idaho		Reg. Dist.	No		
1. PLACE OF STILLBIF	RIBIATION			2. USUAL RESI	DENCE OF I		does mother live?)	-	
a. COUNTY Ban	nock			a. STATE IC	laho	b. COUNTY	Bannock		
b. CITY (If outside corporate I OR	imits, write RURAL and	give township)		C. CITY (If outside of	orporate limits, w	rite RURAL and give	township)	<del></del>	
	atello			i ————————————————————————————————————	<u>Pocetell</u>	0			
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give	ve atreet address or lo	eation)	d. STREET ADDRESS	(If rural, giv	•			
INSTITUTION St.	Anthony Me	rcy Hospi	tal	1	25 Fran	klin		=	
(Type or Print)									
4 CTV E. TIUC		irl Nelso		WIN OR TRIPLET (This					
						DATE OF (Mont STILLBIRTH Decembe:	b) (Day) (Yea	<b>:</b> )	
female SINGLE	a. (First)	TRIPLET .	b. (Midd	☐ 2ND ☐	c. (Last		r 11 1952 8. COLOR OR RACE		
NAME			`_	ше)		•	White		
9. AGE (At time of this birth)	Clinton 10. BIRTHPLACE (Se	tota or foreign counts	D.	I IIa. USUAL OCCUPA	Nels		BUSINESS OR INDUST		
			<b>3</b> 7)		HOR	i	tsons Food S		
20 YEARS 12. MOTHER'S	Blackfoo a. (First)		b. (Midd	Clerk	c. (Last		13. COLOR OR RACE	EOT 6	
MAIDEN NAME	Bettv		LaV	·	•	dall	White		
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign countr		· · · · · · · · · · · · · · · · · · ·			Do NOT include this ch	IId)	
21 YEARS	Blac	kfoot. Id	laho	a. How many chil- dren are now living?	b. How man	ny children were	c. How many OTHE children were stillbo	R	
17. INFORMANT				Gren are now norms:	DOLL STIVE DE	It are now dead:	(born dead after 20 wee pregnancy)?	ks	
Betty Randal	l Nelson	moth	ıer	0	l 0	)	0		
18a. LENGTH OF PREG- 18b	. WEIGHT AT BIRTH	19 Was a sta	ındard	serological test	for syphilis	performed?	YesNo		
WEEKS	4 LBS. 5 02S.	Approxim	ate da	te			V32	14	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	7						/	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	1	mell	ul	<u></u>	$\sim$		·		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	1 50	IUSES P	. 0	2 4 -	(100	7	. 80		
21. STATE ANY COMPLICATIO	NS OF PRECNANCY A	IND LABOR	eer	22. STATE ALL OPER	ATIONS FOR E	THE IVEDY	o solon	<del>,                                     </del>	
21. STATE ANT COMPERCATIO	NO OF FREGUNICI A	THE EASON	,	2. STATE ALL OFER		JELIVER I			
I hereby certify that I	230 APTENDAN	T'S SIGNATI	JRE 1	18 Die 10M	D., midwife, or	other)	23b. DATE SIGNED	-	
attended the birth of this	Mack	M D.		agolil"	n (1)	·	12/10/5	ھے	
child who was born deal	230 ATTENDANT'S	ADDRESS	21	TNOT   24. SIGN	TURE OF AUT	HORIZED OFFICIAL	TITLE		
at 8:30 Pm.	1/ vesle	M R	lo	attended by physician					
	DATE	25c. NAME OF C	EMETER	Y OR CREMATORY	25d. LOCATIO	ON (City, town, or	county) (State	5	
	c.13. 1952	Grove C	ite O	lemet.erv	Blackfo	oot Bingh	am Idaho		
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATUR			26 EUWERAL DIREC			DRESS	-	
PEG. 9 6 19526	va m.	Waller	<u> ソ</u>	Haman	Tack	Chan R	raceful a	dels	
						-	'		
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PHS-797(VS)	1	PEUEL VC	<b>2</b> (10/0 Parisis	n of Standard	Cloudit and a	C14 - 4 - 5791 -	- na	<b>F</b>
4-48 FEDERAL SECUR	NTV ACE	TON S 120				State File		********
PUBLIC HEALTH SE	ERVICE	ision of N	CERTIFICAT	IE OF SI	ILLBIKIH	Local Reg		
	אום	STATUTE	Stat	e of Idaho		Reg. Dist.	NO	
1. PLACE OF S	TILLBIR	TH		2. USUA	L RESIDENCE C	OF MOTHER (Where	does mother live?)	
a. COUNTY	BON	Pulah		a. STATI	Tool	b. COUNTY	Bene	
b. CITY (If outsid		mits, write RURAL and	give township)	c. CITY	(If outside corporate lim	its, write RURAL and give		<u> </u>
TOWN 5		aries		OR TOWN		aries	о компашу)	
c. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institution, g	ive street address or locati	d. STREI	ET (If run	al, give location)		<del></del>
3. CHILD'S NA	ME	-/4///2/	1937774		<del></del>			
[ Type or Print	<sup>()</sup>	TN Fan	r Clai	rt				
4. SEX	5a. THIS	BIRTH	.5b	. IF TWIN OR TRI	PLET (This child born)	6. DATE OF (Mon	th) (Day)	(Year)
Ma/e	SINGLE	TWIN K		IST ND 2ND	3RD -	STILLBIRTH / 2	6	1952
7. FATHER'S NAME	21	a. (First)		(Middle)	CIA	(Last)	8. COLOR OR	RACE L
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S	tate or foreign country)		L OCCUPATION		BUSINESS OR I	NDUSTRY
2/	YEARS	COUNTY!	gleke, ID	Gho Flee	strician	·		
12. MOTHER'S MAIDEN NAME	0	a. (First)		(Middle)	WADA	(Last)	13. COLOR OR	RACE
14. AGE (At time of the	hie birth)		tate or foreign country)			RN TO THIS MOTHER (	Do NOT include	<u> </u>
	<b>YEARS</b>	5+ Meh	ies Id	a. How m	any chil- b. How	many children were	c. How many	OTHER
17. INFORMAN	<del>)</del>	<u> </u>	1 1 0	dren are n	w living? born ali	ve but are now dead?	children were (born dead after pregnancy)?	stillborn 20 weeks
Nelu	THE .	hr Cla	delle.				WANT OF A	12
TEa. LENGTH OF PE NA WEEKS	NCY	WEIGHT AT BIRTH LBS. OZS.	19 Was a stand Approximate	ard serologic e date	al test for sypi	nilis performed?	Yes	36.6
CAUSE OF STIL	· · · · · · · · · · · · · · · · · · ·	20a. FETAL CAUSES	. 10-	-/-	·_ (\psi)	Pa	~ <del>/ /</del>	2.00.00
State only morbid	conditions		XILGO	nerau	on of	O Kale	va_	
causing fetal death use such terms as	(do NOT Stillbirth.	20b. MATERNAL CA	AUSES					<del></del>
Prematurity, Asphy	xia, etc.)		No	me.		•		
21. STATE ANY COM	MPLICATION	IS OF PREGNANCY	AND LABOR	22. STATE	ALL OPERATIONS F	OR DELIVERY	1.1	
		no	ml.	1 h	ranual	_ vercey	alli	very
I hereby certif		23a. ATTENDAN	T'S SIGNATUR	E 00 (8pc	city if M. D., midwif	e, or other)	23b. DATE SIGN	IED
attended the birti			108/	ille	van/	ws.	15 Dec	5 7
on the date state		23c. ATTENDANT'S	ADDRESS /	/ INOT	24. SIGNATURE OF	AUTHORIZED OFFICIA	L .	TITLE
at	m.	Al hio	rus Hass	attended by physician	V			
25a, BURIAL, CREI		DATE	25c. NAME OF OF	ETERY OR CREMA	TORY 25d. LOC	ATION (City, town, or	county)	(State)
TION, REMOVAL (8)		2-6-52	St. Mari	s Hosi	أميمي	+ Mari		deho
DATE REC'D BY LO	CAL REG	PRAR'S SIGNATOR	ERI	26. ELNER	AL DIRECTOR	AD. AD	DRESS	-
12-53-50	2/166	per 8.	Eliber	1 Des	ald 6. d	Trownen	e st	maries
	- 6	/				0		Idaho.



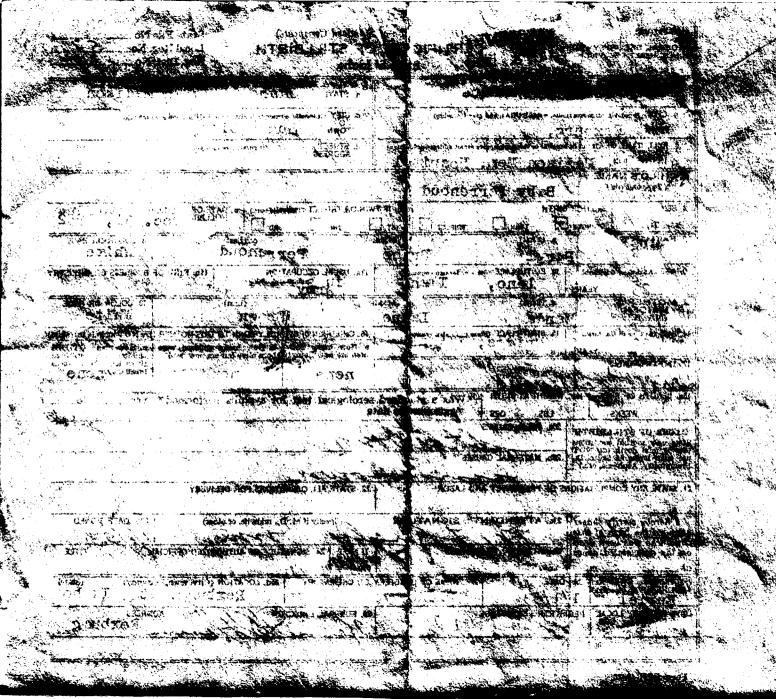
FEDERAL SECURITY AGENC	5 1052 CERTIFIC	· <del>-</del>	Standard Certificate OF STILLBIF  Idaho	•	State File Local Reg Reg. Dist.	No	2 1.
a. county Bonney	ille		2. USUAL RESID		DTHER (When	does mother live?)	) 
b. CITY (II of Treporate limit OR TOWN Idaho			c. CITY (If outside oo TOWN Dub		RURAL and give	township)	
	pital or institution, give street address or cred Heart	location)	d. STREET ADDRESS	(If rural, give lo	ocation)		
3. CHILD'S NAME ((Type or Print)	Teri Thomas						
4. SEX Female Single		5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year) 7,1952
NAME	a. (First)	b. (Midd	Ц <del>е</del> )	c. (Last)		8. COLOR OR	RACE
	iomas					White	
25 YEARS	0. BIRTHPLACE (State or foreign count Idaho	try)	Farmer	ION	Farmi	BUSINESS OR I	NDUSTRY
MAIDEN	a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR	
NAME	Edna		Gre	ederick	sen	Wh:	<u>lte</u>
14. AGE (At time of this birth)	5. BIRTHPLACE (State or foreign count	try)	16. CHILDREN PREVIO				
TEARS	Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	still born
17. MFORMANT	Homes		None	None		(born dead after pregnancy)? NO NO	e 20 weeks
NANCY -	EIGHT AT BIRTH 19. Was a st LBS. OZS. Approxin	andard nate da	serological test f te	or syphilis p	erformed?	Yes	Vo
CAUSE OF STILLBIRTH   "	Da. FETAL CAUSES					70	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 2	Neonatal A	sphyz	xia(Cause 1	undeter	min <b>ed</b> )		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Ob. MATERNAL CAUSES						
21. STATE ANY COMPLICATIONS	OF PRESNANCY AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		<del></del>
I hereby certify that I 2 attended the birth of this child who was born dead	Julian Chart	URE	A	., midwife, or oth	ner)	23b. DATE SIGN 11/9/52	
on the date stated above 23	ATTENDANT'S ADDRESS		If NOT attended by physician	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 11			or crematory  Cometery	25d. LOCATION Idah	(City, town, or o		(State)
DATE REC'D BY LOCAL REGIST	rar's signature	•	26. UNERAL DIRECTO	Wood		DRESS 10 Falls	Tdaho
	U						

(124) Royal Tolographical Control (124) THE PART OF GROUNDS AND THE PART WILLIAM WITH THE PART OF THE PART ET TENENTS TO A STANDARD TO COME AND COME TO STANDARD A GRANT CONTROL OF THE CONTROL OF TH Control of us of Appropries 200 CANAL WALLE THE LEASE OF THE REAL PROPERTY OF THE PROPERTY OF STALL SAY CONSUCATIONS OF PREMINERY AND LABOR TO STATE AND PROPERTY OF THE STATE OF THE S

PHS-797(VS)	RECEIVED	(1949 Revision of	Standard Certificate	) State File	() ()
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NEC 2 9 1959	CERTIFICATE	of stillbif	TH Local Re	- /\
DIV	ISION OF VI	TA: State of	Idaho	Reg. Dist	, No
1. PLACE OF STILLBIR	RTSTATISTIC	ė.		ENCE OF MOTHER (Whe	re does mother live?)
a. COUNTI	Lyon		a. STATEd	b. COUNTY	
b. CITY (If outside corporate i		ive township)	c. CITY (If outside co	rporate limits, write RURAL and give	re township)
TOWN Cald			TOWN		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION		e street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME	1		Ω.	<u> </u>	
(Type or Print)	Larry	) oh	DIE	dsoe.	
4. SEX 5a. THIS		5b. IF T	WIN OR TRIPLET (Tale o	6. DATE OF (Mos	nth) (Day) (Year)
male. SINGLE		TRIPLET 1ST		3RD 🔲	2 12.1952.
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	13:11	<u>J</u> ,		Sledsoe	White
9. AGE (At time of this birth)	10. BIRTHPLACE (84)	ate or foreign country)	11a. USUAL OCCUPAT	TON 116. KIND O	F BUSINESS OR INDUSTRY
		vilp mo.		nter Dewe	y Comstock
12. MOTHER'S MAIDEN NAME	I. (First)	b. (Midd	lle)	Thomas	V3. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
30 YEARS	Carey :	Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT Bill Bledso	E Turio	~ Father	0	0	pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS	. WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> Was a standard Approximate da	serological test f	or syphilis performed?	Yes No No V 36.2
	20a. FETAL CAUSES				y 2012
CAUSE OF STILLBIRTH State only morbid conditions					
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CA	USES	$\bigcirc$		<del></del>
Prematurity, Asphyxia, etc.)	1 CL	bupti	is Pla	centre	
21. STATE ANY COMPLICATION		ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
asa	cover		resa	man ou	Law authorization
I hereby certify that I attended the birth of this child who was born dead	The N	T'S SIGNATURE	(Specify if M. 1	O., midwife, or other)	23b. DATE SIGNED
on the date stated above	23c, ATTENDANT'S	ADDRESS	If NOT 24. SIGNA attended by	TURE OF AUTHORIZED OFFICE	AL TITLE
at 6.50 p m.	Honals	le Ada	physician		
25a. BURIAL. CRIMA- 25t TION, REMOVAL (Specify) Burial Dec	. DATE 2. 15. 1952	25c. NAME OF CEMETER	Y OR CREMATORY	Caldwell, Ida	
DATE REC'D BY LOCAL   RE	GISTRAR'S SIGNATURI		26. FUNERAL DIRECT		**************************************
12/23/5-2REG. (C	gnes m	Denman	101	Justel	rom
7	0			Caldwell	, Idaho

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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVICE		(1949 Revision of CERTIFICATE State of			File No
1. PLACE OF STIL a. COUNTY	DIVISION OF	VITAL Co	2. USUAL RESID a. STATE	ENCE OF MOTHER (1	Where does mother live?) -Y Mad 150n
OR	porate limite, write RURAL and	give township)	II OR	rporate limits, write RURAL and Igar City	i give township)
HOSPITAL OR INSTITUTION	not in hospital or institution, gi		d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME (Type or Print)		renoud			
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This e	hild born) 6. DATE OF STILLBIRTHD	Month) 31, 1952
7. FATHER'S NAME	a. (First) Daryl	b. (Midd Price		renoud	8. COLOR OR RACE White
9. AGE (At time of this bir	EARS 10. BIRTHPLACE (8)	Idaho	11a. USUAL OCCUPAT	IQN 11b. KINE	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	s. (First) Wanda	b. (Midd <b>La</b> Rue	lie)	c. (Last) Brown	13. COLOR OR RACE White
	EARS 15. BIRTHPLACE (8	Ldano	a. How many children are now living?	DUSLY BORN TO THIS MOTH b. How many children w born alive but are now dead	ER (Do NOT include this child) ere   c. How many OTHER   children were stillborn
IT INFORMANT	Esseroud.		none	none	children were stillborn (born dead after 20 weeks pregnancy) none
18a, DENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	<sup>19</sup> .Was a standard Approximate da	serological test f	or syphilis performe	17 Yes No. 139.6
CAUSE OF STILLBIE State only morbid condi- causing fetal death (do )	itions	tallo	m.		7
causing fetal death (do luse such terms as Stilli Prematurity, Asphyxia, e	birth, tc.) 20b. MATERNAL CA	uses	own		
21. STATE ANY COMPLIC	CATIONS OF PREGNANCY A	IND LABOR	22. STATE ALL OPERA	ITIONS FOR DELIVERY	
I hereby certify the attended the birth of child who was born of	this 7	T'S SIGNATURE	(Specify if M. I	, midwife, or other)	23b. DATE SIGNED
on the date stated a		Address /	If NOT 24. SIGNAT physician	TURE OF AUTHORIZED OFF	CIAL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE 1/1/53	25c. NAME OF CEMETER) Plano	OR CREMATORY	25d. LOCATION (City, town Rexburg,	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURI	Flam	26. FUNERAL DIRECT	Ho Ham	ADDRESS Rexbur g

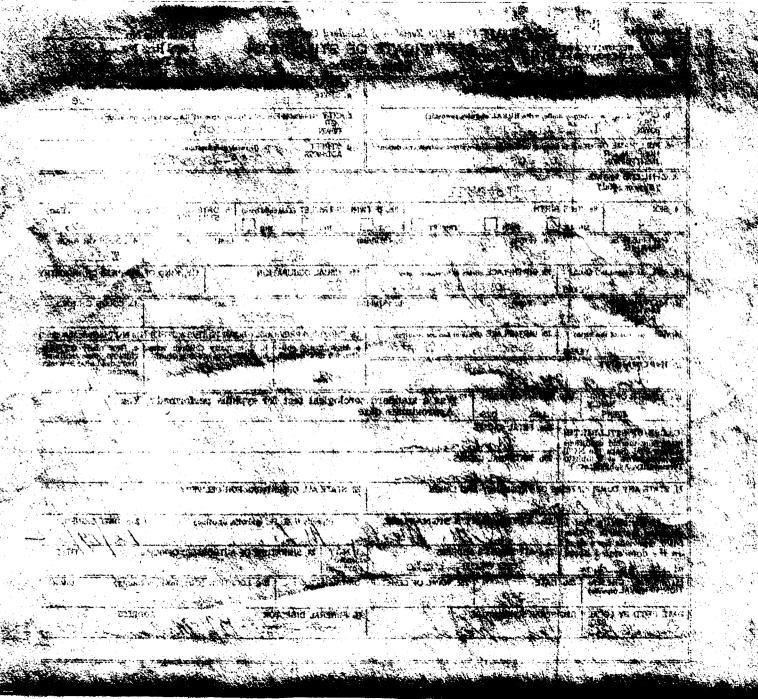


PHS-797(VS) 4-48 DEC 2.0 10500-1949 Revision of	Standard Certificate)	State File No
FEDERAL SECURITY AGENCE 2 0 1952CERTIFICATE	OF STILLBIRTH	Local Reg. No.
FEDERAL SECURITY ACENCY 20 1952 CERTIFICATE PUBLIC HEALTH SERVICE VISION OF VITAL State of	Idaho	Reg. Dist. No. 250
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF M	IOTHED (Wh
a. COUNTY Minidaka	a. STATE Oclarks	b. COUNTY
b. CITY (If outside torporate limits, write RURAL and give township) OR	c. CITY (If outside porporate limits, wz	te RURAL and give township)
TOWN / Cufelet	TOWN Rupeut	<b>-</b>
c. FULL NAME OF thing in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION  HOSPITAL OR INSTITUTION	d. STREET (If rural, give	location)
3. CHILD'S NAME ((Type or Print)  Marion allen)	(Boly)	
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This child born)   6. D	ATE OF (Month) (Day) (Year)
Male SINGLE TWIN TRIPLET IST	ZND 3RD S	Dec 3 1952
7. FATHER'S a. (First) b. (Midd	le) C (Last)	8. COLOR OR RACE
Marian C	allen	white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS A. (First) b. (Midd	Laparer.	
MAIDEN B. (Midd	0	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO	O THIS MOTHER (Do NOT include this child)
32 YEARS RUBERY QL.	a. How many chil b. How man	children were c. How many OTHER
17. INFORMANT	dren are now living? born alive but	are now dead?   children were stillborn   (born dead after 20 weeks   pregnancy)?
Marin C. Eller	7 1	6
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard Approximate date	serological test for syphilis	performed? Yes
CAUSE OF STILLBIRTH   20a. FETAL CAUSES	0 1	26
State only morbid conditions causing fetal death (do NOT	ly cord. 10	days before built?
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		'
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DI	LIVERY
		•
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify i.M. D., midwife, or o	ther) 23b. DATE SIGNED
child who was born dead	cellun m.	2 R-3-52.
on the date stated above 23c ATTENDANT'S ADDRESS at	If NOT attended by physician	ORIZED OFFICIAL TITLE
25a. BURIAL, CREM A- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY   25d. LOCATIO	N (City, town, or county) (State)
12-3-52 12-3-52 Keyban	- I then	burn Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL DIRECTOR	ADDRESS
12-15-54 (MOCNON)	Nodney Book	man chipset
• •		Idah

West a standing speed pool seet the opposite performent to the THE STITUTE OF THE PARTY OF THE 1325. 478 AN. 355 To respect to the real

PHS-797(VS) A-48  RECEIVE (1949 Revision of Standard Certificate)  State F									20		
FEDERAL SECUR PUBLIC HEALTH SE	RVICE	NGYFC18	CERTIFIC	ATE	OF STILLBI	RTH	Local Reg		<u></u>		
	DI	VICIA A		tate o	Idaho		Reg. Dist.		(		
1. PLACE OF S	TILLBIR	HETATES	TIME		2. USUAL RESID	DENCE OF	MOTHER (When	e does mother live	17)		
a. COUNTY Ne:	z Perc	e	• 100		a. STATE Idaho b. COUNTY Nez Perce						
b, CITY (If outside OR	e corporate li	imite, write RURAL s	nd give township)		c. CITY (If outside o	orporate limits,	write RURAL and give		***		
	<i>n</i> iston		·		Town Lewi	aton		···-			
HOSPITAL OR	_	hospital or institution Toseph <sup>1</sup> s	, give street address or I	ocation)	d. STREET ADDRESS	(If rural, gi	ive location)				
3. CHILD'S NA	ME				<u>"</u>	701.					
(Type or Print		BABY BOY H	T CKANA M								
4. SEX	5a. THIS		TOITWAIN	5b. IF T	WIN OR TRIPLET (This	child horn) 6	DATE OF (Mon	th) (Day)	(Year)		
male	SINGLE		TRIPLET	1ST [	2ND -	3RD	STILLBIRTH		1952		
7. FATHER'S	JINGLE	a. (First)	I INIFLE I	b. (Mide		c. (Las		8. COLOR OF			
NAME		"avne		<u></u>	,	Hickman	•		TINOL		
9. AGE (At time of the	nis birth)		(State or foreign count	ry)	I IIa. USUAL OCCUPA			White BUSINESS OR	INDUSTRY		
30	YEARS	Genesee.	Liaho					200111200 011	MOOSINI		
12. MOTHER'S MAIDEN		a. (First)		b. (Mide	lle)	c. (Las	st)	13. COLOR O	R RACE		
NAME		Betty		Jean	_	Hickman	l	white			
14. AGE (At time of th	is birth)	15. BIRTHPLACE	(State or foreign count	ry)	16. CHILDREN PREVI	OUSLY BORN	TO THIS MOTHER (	(Do NOT includ	le this child)		
27	YEARS	Spokane,	Washingto	n	a. How many chil- dren are now living?	b. How ma	any children were out are now dead?	c. How many children wer	7 OTHER		
17. INFORMANT	r		/_						er 20 weeks		
Way	man C	? Aris	Proc	-	1	0	1	pregnancy)?	0		
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTI	was a su	andard	serological test	for syphili	s performed?	Yes.	No		
WEEKS		LBS. OZ	S. Approxin	ate da	te.				362		
CAUSE OF STILI		20a. FETAL CAUS	SES					7			
State only morbid causing fetal death	conditions (do NOT	<u></u>									
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth, cia. etc.)	20b. MATERNAL	CAUSES		11.	10	1				
			a	ru	sho 1	Mai	conla	e			
21. STATE ANY COM	IPLICATION	IS OF PREGNANC	AND LABOR	1	22. STATE ALL OF ER	ATIONS FOR	DELIVERY	00			
severe k	eler.	hain 4-	Klworr	Kees	2 Cesar	ias	LACA	trou	<b>—</b> 1		
I hereby certif		23a. ATTEND	NT'S SIGNATI	INT	(Special M	D., midwife, or	r other)	23b. DATE SIG	SNED		
attended the birth					valle	1	(1)	12-11-	52		
on the date state		23c ATTENDANT	'S ADDRES		If NOT 24, SIGNA	TURE OF AU	THORIZED OFFICIA	L	TITLE		
at	m.	Hwiston	w What		physician						
25a. BURIAL, CREM TION, REMOVAL (Specific	MA- 25b.	DATE	25c. NAME OF C	EMETER	Y OR CREMATORY	25d. LOCATI	ION (City, town, or	county)	(State)		
removal		11-1952	Genesee	C <b>e</b> me	tery	Genese	e, Latah,		Idaho		
DATE REC'D BY LOO	CAL REG	ISPRAR'S SIGNATI	RE 1.		26. FUNERAL DIRECT	OR.	AD	DRESS			
Dec. 11, 193	2 6	Jean 1	eachus		KZ17	Talu	Lewi	iston, I	<u>daho</u>		
	7	,			11-11-11						

PHS-797(VS) 4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	JAN 1 6 195		OF STILLBIF		eg. No
1. PLACE OF STILLBI	/ISION OF V	l I A i			
a. COUNTY NezPe	erce		a. STATE Idal	ENCE OF MOTHER (WE 10 b. COUNTY	ere does mother live?) NezPerce
b. CITY (If outside corporate OR TOWN Levil	ston, Idaho	rive township)	c. CITY (If outside of OR TOWN	rporate limite, write RURAL and m Lewiston,	ive township)
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	s hospital or institution, giv St. Joseph	e street address or location)	d. STREET ADDRESS	(If rural, give location) 2306—Main St.	<del></del>
3. CHILD'S NAME ((Type or Print)	Baby Boy M	ill			
4. SEX 5a. THIS Male SINGLE		TRIPLET 1ST	WIN OR TRIPLET (This o		onth) (Day) (Year) December 19, 1952
7. FATHER'S NAME	a. (First) Jay	b. (Midd	le) Mill	c. (Last)	8. COLOR OR RACE White
9. AGE (At time of this birth)  34 YEARS	10. BIRTHPLACE (St. South	ate or foreign country) Wick, Ida.	11a. USUAL OCCUPAT PFI		of Business or Industry Lumbering
12. MOTHER'S MAIDEN NAME Mary	a. (First)	b. (Midd	•	c. (Last) ilzin	13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
31 YEARS	Spokane,	Washington	a. How many children are now living?	b. How many children wer born alive but are now dead?	
Jay a	mill I	ewiston,	2	0	pregnancy)?
18a. LENGTH OF PREG- NANCY WEEKS	LBS, OZS.	<sup>19</sup> Was a standard Approximate dat	serological test f	or syphilis performed	Yes. X. No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES				7,,,,
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	1. 1.	ensun			
21. STATE ANY COMPLICATION			22. STATE ALL OPERA	ATIONS FOR DELIVERY	*****
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDAN	T'S SIGNATURE M. Marko	(Specify if M. J	)., midwife, or other)	23b. DATE/SIGNED/ 12/19/52
on the date stated above at 4:45 A.m.	23c. ATTENDANT'S A	n Talu.	NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFIC	TITLE
TION REMOVAL (Specify)	. <b>date</b> 12-22 <del>0</del> 52	25c. NAME OF CEMETERY Normal Hill	OR CREMATORY	25d. LOCATION (City, town, Clewiston,	· · · · · · · · · · · · · · · · · · ·
DATE REC'D BY LOCAL REC Dec. 20, 1952	GISTRAR'S SIGNATURE	eaelins	26. FUNERAL DIRECTOR Brower-War		ADDRESS Lewiston, I
				, , ,	



PHS-797(VS)		RECEIVE	2 (1949 Revision CERTIFICAT	n of Standard C	ertificate)		State File	No	0.00
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGE	ABLECT & 121	(1949 Revision CERTIFICAT State	E OF STI	LLBIRT	Ή	Local Reg	. No	Janes Property of the Parket o
	10	VISION	es State	e of Idaho			Reg. Dist.	NOØ	<i>D</i>
1. PLACE OF S	TILLBIF	THE STATES		2. USUAL	RESIDEN	ICE OF MC	THER (Where	does mother live	•\
a. COUNTY		n		a. STATE	Tola	/	b. COUNTY		
h CITY (U outsid		mits, write RURAL and			Lua	NO		10 100	7
OR TOWN	e corporate i	•	give township)		f outside corpor	rate limits, write	RURAL and give	township)	
	<u> </u>	1995		TOWN	$-\mathcal{O}$	V1995			
c. FULL NAME O HOSPITAL OR INSTITUTION	F (II not in	holpiral or institution, given	re street address or location	d. STREET	- SS	(If waral, give lo	cation)		
3. CHILD'S NA									
4. SEX	5a. THIS		mi	IF TWIN OR TRIPE	_	ال STII	LLBIRTH		(Year)
7. FATHER'S	SINGLE	a. (First)		ST ZND	3RD		12	<u> - 3 -</u>	- 52
NAME		_` ′		Middle)	$\sim$	c. (Last)		8. COLOR OR	RACE
		Junior		len	Feh	r501		WHI	TE
9. AGE (At time of the	his birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL	OCCUPATION	N	11b. KIND OF	BUSINESS OR	INDUSTRY
30	YEARS	Idaho		Fai	سرے بیر				
12. MOTHER'S		a. (First)	b. (I	Middle)		c. (Last)	**	13. COLOR O	RACE
MAIDEN NAME		Mallhee	M	illie	,	Olsen		who	
14. AGE (At time of the	nie birth)	15. BIRTHPLACE (8t			N PREVIOUS		THIS MOTHER (		
0 4		1	e h o	a. How man		How many		c. How many	
17. INFORMANT	YEARS	240	tho	dren are now		orn alive but a	e now dead?	children were (born dead aft	stillborn
JUNIOR	Gle,	n Pehrs	on	4		Non	e	pregnancy)?	er zi weeks
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT BIRTH	19 Was a standa	ard serological	test for	syphilis p	erformed?	Yes V	No.
32 WEEKS		LBS. 44 OZS.	Approximate	date -	Tu/-	- 52		1/8	7.6
CAUSE OF STIL	T DID MIT	20a. FETAL CAUSES			MIT T			<u>y</u>	
State only morbid	conditions		La la	- unka				/	
causing fetal death use such terms as	(do NOT	20b. MATERNAL CA	Tro / og 1/2 -	- WM KM	WA				
Prematurity, Asphy:	ria, etc.)	200. MATERNAL CA	uses -/						
21. STATE ANY CON	PLICATION	S OF PREGNANCY A	ND LABOR	22. STATE A	LL OPERATIO	ONS FOR DEL	IVERY		<del></del>
Severe	Var	acose Ve	ns -	1	lone				
I hereby certif	y that I	23a. ATTENBAN	TIS SIGNATURE	28 pect	ty if M. D., r	nidwife, or oth	er)	23b. DATE SIG	NED
attended the birth		The	Spark C	Tarie		- 1D		12-3	-57
child who was be on the date state		23c ATTENDANT'S	ADDRESS	II NOT   2	SICHATUR	E OF ALTOUR	RIZED OFFICIAL	<del></del>	TITLE
at	m.	Drigas	Ideho	attended by physician		E OF AUTHOR	CIZED OFFICIAL		TITLE
25a. BURIAL, CREITION, REMOVAL (8pe	VIA- 25b.	DATE J	25c. NAME OF CEME	TERY OR CREMAT		LOCATION	(City, town, or	oounty)	(State)
	/	2-3-52	Haden	Cemeter	ا ر.		To Louis	To	640
DATE REC'D BY LO		STRAR'S SIGNATURE	<u> </u>	26. FUNERAL			AD	DRESS	
	EG.	tella S	lrigas	Rich	rud	East	eel I	tonia	Idaho
			1	.,,,,,,,		-	- /-	~ · · · · · · · · · · · · · · · · · · ·	

Marine Strategy of the the second of th कारण प्रतिस्था व क्लाबिक के विश्वविद्या मान्यान तर्व ; All lines of the salating a state of the salating of the CSC - CALLED TO the state to less test polaries business a solu-The same of the sa THE THE PARTY OF T A STATE OF THE STA Company of the Compan Control of the second of the s 

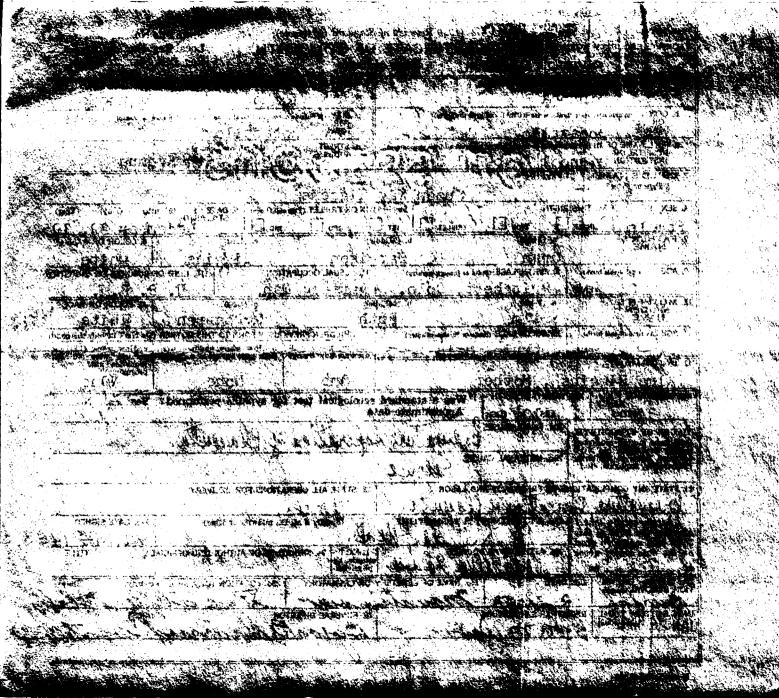
PHS-797(VS)  4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE  State	f Standard Certificate	State File TH Local Res	1 7
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE State	of Idaho	Reg. Dist.	No. 460
1. PLACE OF STILLBIRTH a. COUNTY  LIVEN FALLS	2. USUAL RESID a. STATE	ENCE OF MOTHER (When	Levent Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN June Falle	c. CITY (If outside co OR TOWN	rporate limits, write RURAL and giv	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Masse Valley Memorial	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)			
4. SEX   5a. THIS BIRTH   5b. IF	TWIN OR TRIPLET (This et	6. DATE OF (Mon	oth) (Day) (Year)  1 / 952
	ddle)	Here (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND OF	F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME  (First)  (A)  (First)  (A)  (A)  (A)	ddle)	lled	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		USLY BORN TO THIS MOTHER	
17. INFORMANT  18. SIGNATURE  18. SI	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY  WEEKS  18b. WEIGHT AT BIRTH  19 Was a standary  Approximate of	d serological test f	or syphilis performed?	Yes No
CAUSE OF STILLBIRTH  State only morbid conditions Country fatal death (do NOT)	Spina Bisi	la-Club &	eet
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Delice. Breech presentation - Head imposs	TATE ALL OPERA	C + '	<b>A</b>
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D	, midwife, or other)	23b. DATE SIGNED 7 Dec 1952
on the date stated above at 732 m. 23c. ATTENDANT'S ADDRESS Like	If NOT attended by physician	URE OF AUTHORIZED OFFICIA	L TITLE
25a. BURIAD CREM A- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	DR AD	DDRESS
DEC 1 8 1952			

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PHS-797(VS)	•	MECE	NED	(1949 Rev	ision of	Standard Certific	ate)	State File	No	$\Omega \cap A$
FEDERAL SECUR	ITY AGE	NEX NI Q	195 <b>G</b> E	RTIFIC	ATE	OF STILLB	IRTH	Local Res		4 Mar 1960 445
FUBLIC REALIN SE	COUNTY  Washington  CITY (If outside corporate limits, write RURAL and give township) OR OWN  Washington  CITY (If outside corporate limits, write RURAL and give township) OR OWN  Washington  CITY (If outside corporate limits, write RURAL and give township) OR OWN  Washington  FULL NAME OF (If not in hospital or institution, give street address or low look of the street address or low look of the street address or low look of the birth)  Stephen  X  Stephen  X  Stephen  X  Stephen  X  Stephen  X  ATHER'S  A. (First)  TON  E (At time of this birth)  YEARS  OTHER'S  A. (First)  TON  Chicago, Illinois  OTHER'S  A. (First)  YEARS  WAIDEN  NAME  E (At time of this birth)  YEARS  VALENTINE, Webraska  FORMANT  Payette, Ide  ENGTH OF PREG- NAMCY  18b. WEIGHT AT BIRTH  19 Was a star				State of	Idaho		Reg. Dist.	No3.	<i>O</i>
I. PLACE OF S				75			DENCE OF N	A		
a. COUNTY		-				2. USUAL RES				
b. CITY (If outside				townshi-)	<del></del>	CITY	Idaho		Payette	
OR TOWN			TWT WITH BIAS	cowminip)		_OK	corporate limits, wri	te RURAL and give	e township)	
c. FULL NAME O	F (If not in		ution, give st	reet address or	location)	d. STREET	Payette (If rural, give	landan)	<del></del>	
					,	I ADDRESS	15 South		eet	
3. CHILD'S NA	ME	T Yearly		DUTIEL		! 	27 Wal	1041 001		
(Type or Print	,		St	mhen		Gerrard	J	emings		
4. SEX	5a. THIS	BIRTH			5b. IF T	WIN OR TRIPLET (Th	e child born) 6. D	ATE OF (Mon	th) (Day)	(Year)
Male	SINGLE	TWIN		TRIPLET	1ST	2ND 🔲	3RD   S1	ILL BIRTH	sember 25	•
7. FATHER'S NAME		a. (First)			b. (Midd	le)	c. (Last)		8. COLOR OR	
		Tom					Jenning	8	White	
9. AGE (At time of the	is birth)	10. BIRTHPL	ACE (State o	or foreign count	ary)	11a. USUAL OCCUP	ATION	11b. KIND OF	BUSINESS OR I	NDUSTRY
31	YEARS	Chicago	, I <u>11</u>	inois,		Armed Serv	ices	United S	States Ar	TRY .
12. MOTHER'S MAIDEN		a. (First)			b. (Midd	le)	c. (Last)		13. COLOR OR	
					· · · · · · · · · · · · · · · · · · ·	·	Rhodds		White	
14. AGE (At time of th						16. CHILDREN PRE			Do NOT include	this child)
29	YEARS	Valenti	ine, A	ebraska	l	a. How many chil dren are now living	b. How many born alive but	children were are now dead?	c. How many	OTHER stillborn
17. INFORMANT			1 _			_			(born dead after pregnancy)?	20 weeks
	Jen	ning				<u> 2</u> :	<u> </u>		2	
2 A NAT	CY 18b.		IRTH 19	Was a st	andard	sepplical test	for syphilis	performed?	Yes N	To
→ WEEKS			OZS.	Approxin	nate dat	e Cet. In	4, 193	ੋ	V36	.2
CAUSE OF STILI		20a. FETAL	AUSES	-4-		P		(h -	<i>A</i> .	
State only morbid causing fetal death (use such terms as	do NOT	90) 14 17 7	YX.	malu	re.A	eparati	and of	lacen	la	
Prematurity, Asphyx	ia, etc.)	20b. MATER	NAL CAUBE		71	120	, 0	(		
21. STATE ANY COM	DI ICATIO	NE OF PRECNA	NCV AVE	Yelma	leve	raci,				
ZI. STATE ANT COM	reicki içi		uci and	LABUR	l	22. STATE ALL OPE	-/	LIVERY		
7 Laugher agentife	. 41 -4 7	23a. ATTE		*CICNIATI	124	1 - C	vous			<del></del>
I hereby certify attended the birth	of this	238. A 118	77.1	ארואין	To A		D., midwife, or of		23b. DATE SIGN	
child who was boton the date state		23c. ATTEND	ANT'S ADD	OFCC	me of	4 - 77 00		M.D.	-Bec. 26,	
on the date state	u aoove	İ			[4	etterocieci dali	ATURE OF AUTHO	ORIZED OFFICIA	L 1	TITLE
25a. BURIAL. CREN	A- 25b	Maiser DATE				Dhysician OR CREMATORY	254 LOCATION	/Ola- A		(94-4-)
25a. BURIAL, CRENTION, REMOVAL (Spec			1				L	(City, town, or	county)	(State)
RATIONA 1		STRAR'S SIGN		<u> </u>		<b>etery</b> 26. Euneral direc	Payette,	Idaho	DDECC	
12-34-3	g. //	111 1	Mari	of a	المد	Gill - 1	D 30	00	DRESS	- <b>1</b>
	-ju	MILLE	ven	wo.	100	pyjara	p. Jas	yeur say	rette, Id	aho

The state of the s E Service as Minimarhate of special Postra a sandana n PRI THE COMMUNICATION PARTY Walter Commencer of the THE STREET SECTION AND ADDRESS OF THE PARTY AN -ALTEGORA 

PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SE	DIVIS	SION C	)F_VIT	CERTIF	•	Standard Certifi OF STILLE Idaho	,		State File Local Reg Reg. Dist.	. No	14	225
1. PLACE OF ST a. COUNTY	FILLBIF	SLATT	STIEPS			2. USUAL RES	IDENCE (	OF MC	THER (When	does mothe	live?)	<del></del>
a. COUNTY	تدلذ خرر	00 <u>1</u> K					Ida'ro		b. COUNTY	רווים ד	ാറിട	
b. CITY (II outside OR TOWN		imita, write R	URAL and	rive township)		c. CITY (If outside OR TOWN	le corporate lim		RURAL and give	township)		<del></del>
c. FULL NAME OF HOSPITAL OR INSTITUTION						d. STREET	(If run	d, give lo	oation) 5th Ave	nu∈	<del></del>	
3. CHILD'S NAM ((Type or Print)				Suz:	n Kar					·		
4. SEX	5a. THIS	BIRTH				WIN OR TRIPLET (T	his child born)	6. DAT	TE OF (Mon	th) (Da	y) (	Year)
Female	SINGLE	<u>-</u> π	MIN 🔲	TRIPLET	] st [	2ND	3RD	STII	LLBIETH ,	1 - 2 - 30 ·	ິງ	1000
7. FATHER'S NAME		a. (First	)		b. (Midd			Last)	<u></u>	8. COLOR	OR RAC	E ^
NAME		Omen			** 799	rison	TT	i	ins	1	ite	
9. AGE (At time of thi	a birth)			ate or foreign co		11a. USUAL OCCU		<u> </u>	11b. KIND OF			ISTRY
5/	YEARS	L	teher	~	lo.	Tattery	Man		TT T	) T)	E IND	DOTAT
2. MOTHER'S MAIDEN		a. (First			b. (Midd			Last)	· · ·	13. COLO		CE
MAIDEN NAME		/ 7	אָנוּי		านา	•			rren		ite	~1_
4. AGE (At time of this	e birth)	15. BIRTH	IPLACE (St	ate or foreign co		16. CHILDREN PRI				<u> </u>		abild)
7. INFORMANT	YEARS		rie,	01:1:		a. How many ch dren are now livin			children were re now dead?	c. How no children (born dead	any OT were sti	HER
	gy <b>i</b> n	g <b>`</b> 1	bthe:	r		One		Non	ε	pregnancy	)ne	WOCAS
8a. LENGTH OF PRE NAN WEEKS	G- 18b. CY	WEIGHT AT	T BIRTH $\frac{1}{4}$ OZS.	19 Was a Approx	standard imate dat	serological tes						
CAUSE OF STILL State only morbid or causing fetal death (cause such terms as S Prematurity, Asphyxi	BIRTH onditions do NOT	20a. FETA	L CAUSES	Irlina	lure d	exaration	y Pl	all	wa.	y	-	<b></b>
ise such terms as 8 Prematurity, Asphyxi	tillbirth, la, etc.)	20b. MATI	ERNAL CAI	uses U	oul.		4					
Trivatu	PLICATION	earuli	SNANCY A	LALLU	Sec.	22. STATE ALL OP	ERATIONS FO	OR DEL	IVERY			
I hereby certify uttended the birth child who was bor	of this	23a. AT	NO.	T'S'SIGNA	TURE .	(Specify if A	I.D., midwif	s, or oth	er)	26. DATE	SIGNED	1953
n the date stated		23c. ATTE	CALL!	DARESS 26	allo.	If NOT attended by physician	NATURE OF	AUTHOF	RIZED OFFICIAL	.V	Tit	LE
5a. BURIAL, CREM TION, REMOVAL (Special)	7 /	DATE	-52	2.	FCEMETERY	OR CREMATORY	25d. LOC	ATION	(City, town, or	oounty)	(81 Den	ate)
IAN 26 1953RE	AL REG	istrar's s vaフ	IGNATURE			26. FUNERAL DIRE	CTOR A	)	AD امرک اور دسیار	DRESS		tolo
			7		·	1			- 100-19			<del>661</del> 04



PHS-797(VS)		MECEN	1949 Rev	ision of	Standard Certificat OF STILLBII Idaho	te)	State File	No.	225
FEDERAL SECUI	RITY AGE	NCY IAN 29	CERTIFIC	ATE	OF STILLBI	RTH		z. No	14
PUBLIC HEALIN S	ERAICE	DIVISION O	VITAL	State of	Idaho		Reg. Dist.	. No	42
1. PLACE OF S	TILLBI	RTH STATE	1112		2. USUAL RESID	DENCE OF M	OTHER (Whee	re does mother liv	ra?)
a. COUNTY	Canyo	n			II a STATE	aho	b. COUNTY	anyo	
		imite, write RURAL and	d give township)		c. CITY (If outside o		ite RURAL and giv	e township)	
TOWN	Namy	) <u>a</u>			TOWN N	an Da -	Rural		
c. FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in	hospital or institution, a	rive street address or	location)	d. STREET	Rt # 3			
3. CHILD'S NA		TERRY	SPURGEON	I BEN	SON	<del></del>			
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET (This	ehild born) 6. D	ATE OF (Mon		(Year)
Male	SINGLE		TRIPLET	1ST [	2ND	3RD S	TILLBIRTH De	c. 14,	1952
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR O	
		ohn		J.		Benso	n	Whit	•
9. AGE (At time of t	this birth) YEARS	10. BIRTHPLACE (			Farmer	TION	L Li	f Business of <b>ing</b>	R INDUSTRY
12. MOTHER'S MAIDEN	···	a. (First)		b. (Midd	le)	c. (Last)	<del></del>	13. COLOR C	OR RACE
NAME	E	dith				McElrat	h	Whit	•
14. AGE (At time of t	his birth)	15. BIRTHPLACE (	State or foreign count	try)	16. CHILDREN PREVI				
17. INFORMAN	YEARS	Candle	r N.C.	<del></del>	a. How many chil- dren are now living?	b. How many born alive but	y children were are now dead?	c. How man children we (born dead at pregnancy)?	re stillborn
your	7.	1 went	<i>~</i> -		1	0		0	
18a. ZENGTH OF PI	REG- 18b. INCY	WEIGHT AT BIRTH	19 Was a st	andard	serological test	for syphilis	performed?	Yes. V	No
WEEK!		LBS, OZS.	Approxin	nate da	te Jan	eg :	<b>ラン</b>	V	39,5
CAUSE OF STIL		20a. FETAL CAUSE	s/		. 6	0		/	
causing fetal death	(do NOT	20b. MATERNAL C	ALIKES	P	neca.				<del></del>
Prematurity, Asphy	xia, etc.)	X	fan	1	hele				
21. STATE ANY COI	MPLICATION	NS OF PREGNANCY	AND LABOR	/	22. STATE ALL OPER	ATIONS FOR DE	LIVERY		
I hereby certifattended the birt	fy that I	23a. ATTENDA	NTS SIGNAT	URE	(Specify if M. 1	D., midwife, or o	ther)	23b. DATE SI	IGNED
child who was be	orn dead		6 4 Y		were_	-8no		1/-1	<u>س د</u>
on the date stat	m.	23c. ATTENBANT'S	DA A	2	If NOT 24. SiGNA attended by physician	TURE OF AUTH	ORIZED OFFICIA	<b>LL</b>	TITLE
25a. BURIAL, CRE TION, REMOVAL (8po	MA- 25b.	DATE	1		OR CREMATORY		N (City, town, or	county)	(State)
Burial	<u>  De</u>		Kohle	rlaw	n Cemeter		a	Idah	0
PATE REC'D BY LO	REG. REG	ISTRAR'S SIĞMATUF		Cal	26. FUNERAL DIRECT	OR /	AC	DDRESS	
un 27, 19	53 7	fre Jane	1/1/10	ex n	n Tuln	ph	Nampa,	Idaho	
	(	V	<u>6-1</u>		Alsip Fu	ierel C	hapel		
				70.0	<del>, , , , , , , , , , , , , , , , , , , </del>				

I CLOW ON TOTOM WORLTH MOROHOUS TRI Consideration of the second of HIERE BING AR Senaor. the state All their states and ABLANDE BOTH THESE OF ORDER THE MICHAEL BY AND ALL was Appleton, ding. the state of the s TO YOUR TO SEE WIND AND DEED THE SECOND SECO The state of the same of the s TANK AL DEFAUERO POR LEVELY THE WAS DESCRIBED TO THE Source Proposed Line Strate \_cano\_